AI Summary

Meeting Summary:

The meeting focused on complement management, client onboarding, and integration with financing operations. Larry Goldsmith introduced the topic of complement management, explaining the setup of the vanilla out-of-the-box product and encouraged participants to ask questions about automation and additional needs1. Syeda Rabia Jamil provided an overview of client and contract management, explaining the process of creating a client account in the system, generating leads or opportunities from Salesforce, and progressing through validation and contract signing2. Ali Maisum elaborated on the integration with financing operations, explaining that client data could be created either manually or through integration with Salesforce, depending on the availability of information3. Ali demonstrated the setup of contracts, including the creation of client details, contract dates, billing information, and protocols4. Lindsey Oliver raised a concern about managing protocol changes at the visit level, and Nadia Bouffard confirmed that the system would allow for modifications to the master protocol for individual visits5. Andrew Lypko inquired about the approval process for special pricing and modifications, and Ali explained that setting up prices would be done in finance and operations, with approvals happening before trade agreements are set6. Syeda Rabia discussed the renewal process, explaining that notifications and tasks could be configured based on contract expiration dates to ensure timely renewals and avoid issues with list pricing7. Stephanie asked about creating activities in

Salesforce, and Jehangir Adil Vakil confirmed that integration with Salesforce would be addressed in a separate session8. Stephanie and Maria discussed the need for sales teams to manage contacts and access within the system, including the ability to flag VVIP patients and update contact information9. Andrew and Amy Doyle discussed the B2C setup and the need for a patient-led onboarding flow, including the possibility of integrating the patient portal with the website for seamless enrollment10. Nadia Bouffard concluded the session, emphasizing the importance of defining requirements and iterating on the process to ensure alignment with business needs11.

Action Items:

1. Salesforce Integration: Discuss and define the requirements for the integration of Salesforce with the new system, including which fields can be moved over and which will remain manual (Andrew, Ali)12.

2. Contract Expiry Notifications: Define the process and triggers for sending notifications to clients and internal teams regarding contract expirations, including the content of the emails and the timing of the notifications (Syeda Rabia, Jehangir Adil)12.

3. Patient Portal Access: Discuss the requirements and potential solutions for allowing patients to access the patient portal without being pre-registered in the care coordination system (Syeda Rabia, Andrew)12.

4. Client Contact Management: Add the ability for the sales team to edit and manage client contacts,

including multiple contact types such as billing, eligibility, and HR contacts (Syeda Rabia)12.

5. Contract Data Migration: Plan and define the process for migrating existing contracts into the new system, ensuring all necessary data is accurately transferred (Ali)12.

6. Patient Coverage Status: Implement a system to flag patients' accounts when their contract expires or they are no longer covered, ensuring clear visibility for all relevant teams (Jehangir Adil)12.

Transcript

March 14, 2025, 4:03PM

◉ **Faiza Jawed Khan** started transcription

Larry Goldsmith   0:03
In F&O and then see it appear in maze care or anything like that or vice versa, right?
If we're gonna be sharing information between the two databases so that one happened, but the idea is.
As we're talking about the topic for the discussion today, such as complement management, you're going to be seeing how all that stuff gets set up in the vanilla out-of-the-box product.
Which should lead you to.
So if you have questions around that, if you have.
Concerns, additional needs that you might have, like you're not seeing certain information or you're not seeing.
Umm.
The you feel like it should be more automated.
Feel free to ask those things, but you won't be able to see any of that happen today, because this is the.
You purchased F and 0.

You're getting it out-of-the-box, and that's what it looks like. Since we're doing an upgrade of ax to F&O, whatever capabilities you have from an invoicing billing perspective today.

We'll transition to F&O. The forms might look a little different.

The screens might look a little different, but it'll be there.

It might also be split between a couple different screens, things like that, but Babu and Shakir will sort of.

Speak to some of those things, and from a mazik care perspective.

Obviously we're not at this moment in time. You're not going to see any upgrades from your current mazik care implementation.

You'll just be seeing what the current product looks like.

So feel free to as we're entering in those compliments, or if you're expecting to be able to see lists or short lists or do anything.

Again, just highlight those things.

I've I've asked the team to keep us.

Very regulated, so if the topic is complement management and the conversation starts to spin off to something off topic, that might be somewhat related but is still off topic for the agenda that we wanna talk about.

I I have asked them to inform you that.

That.

That's a good topic for a conversation.

It's not part of the agenda today, so we will put it on a parking lot and we will determine whether it already is part of another workshop where we would be covering it or we need to schedule an additional workshop to cover that topic.

So do not be offended.

And do not hold back from asking your questions. I don't want that to deter you from asking questions, but I just want you to be aware that if you hear that from them.

That came in my direction so that we can keep these things focused on the topic at hand.

Any questions on that from anybody?

OK.

Thanks a lot. With that, I'm going to the recording is started, so I'm going to pass this off to my team.

Syeda Rabia Jamil 3:22

Thank you.

OK.

So before moving to the complement management specific topic, so the things that we covered in our yesterday's call, the first one is the client management and the compliment the contract management.

So before moving to the compliment management, we would do, we would do this. Basically, we would just try to gather all the client management and the contract management requirements and.

We'll show you guys the capabilities that we have regarding those two topics and then we will be moving towards the complement management.

All good with that.

AL **Andrew Lypko (Guest - Telus Health)** 4:04

Yep.

Syeda Rabia Jamil 4:05

OK, OK. So.

Before the creation of the account or the client in our system, there will be whole process of generating the lead or the opportunity from the sales force side and once the signing is done between ESLE.

Ali Maisum 4:25

I just wanted to.

I just wanted to set the stage around what's going to be happening in financing operations, right?

Syeda Rabia Jamil 4:29

Mm hmm.

Ali Maisum 4:31

So when we're talking about clients, right, we're talking about a peer.

So this this peer is basically going to be integrated with financing operations.

We'll talk more on that. More about that on Monday. But just just so that you can get

a a bit of an understanding of how things are going to be working behind the scenes and so so the the client is going to get on boarded, we create a.

Simple account over here.

So leads get generated right we.

At that point, how we discussed yesterday, it could be that, you know we create.

A client over here and as delete progresses into an opportunity to be one, we start going towards validation and signing up the contract, right? So from that point of view we talk about creating a client.

So leads get generated and we we create a client over here.

Now this could go in two ways.

One is that once the opportunity has been won at that stage we integrate from Salesforce and we start creating the data over here, right?

So it could go both ways, right?

We can create the data first or we can integrate and have the system create data for us.

Right. So once once the integration is done or once the client has been created, we have within K coordination.

It's a. It's a sort of a lightweight entity where we store the basic information required against the pair and at the back end in finance and operations, we create a customer where we can store all the all the other details that would be required, which could be any.

Any tax related information.

Any others credits and collections and all all those other different financial dimensions.

That you want, right?

Customer group and XYZ, right?

Syeda Rabia Jamil 6:16
The tree document.

Ali Maisum 6:18
Exactly so.

So once another trade agreements, right?

Now, Travis, sorry, but just declined, right?

SJ Syeda Rabia Jamil 6:23

Mm hmm.

Ali Maisum 6:25

So once this is done, now we go into gate coordination and we start drafting up our contract.

Now for the contract to exist.

Yes, Maria.

And who else?

I think. OK, that's me. Sorry.

M Maria 6:41

Yeah. I just want to know like and maybe this is.

You know a Telus question, but who?

Who do we expect will enter that information?

So is it something that will be the Rep will will enter the information and it will download here and then from there they will create their contract?

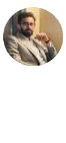I'm trying to understand like who inputs this information.

Ali Maisum 7:03

So, so there there are two things over here now.

We don't.

We don't know what information is being held in in sales force, right?

Is that enough to create the account over here?

Right. So we would need to understand.

M Maria 7:15

Exactly.

Ali Maisum 7:15

We would need to understand what what sort of information is coming, if it's. If it's not enough, then at the time that the that the opportunity has been won, we would then somebody would have to come in and create all this information.

Right. So there are two things over here.

So one is if we have enough information, we can then integrate with sales force, right? If we don't have enough information on Salesforce, then we would have to create this information and the integration between the two systems that we're talking about, finance and operations and K coordinations that.

Maria 7:38
Mm hmm.

Ali Maisum 7:48
Would be.
That would be automated.

Maria 7:51
So is the idea here that once the information is the contract is created through this tool or are they gonna have to go to our contract tool that we have right now?

Ali Maisum 8:03
For the contract we ission the setup of the contract to be used throughout the system.
In in, in in the future state would be done over here, but the signing of the contract, all that, all that that is currently happening, that'll remain as it is.

Maria 8:20
OK. Because we're going to have to find a way like like you said, I don't know if this is all the information we will need to create an account, but there's a lot of information that's needed if we need to add other like notes for the call center.
I guess that's gonna come to once we get the contract. It'll be from my team to go in and add that information because the Rep will not know like the sales person will not know what information has to be added.
So I'm I'm just trying to understand like up to what degree can.
Put in the information and do we want them to put the information?
'Cause there's information like who do we send the invoices to?
What's the building address?
What's the business address like?
I'm not sure they are familiar enough with those types of information and what is the

difference between one and the other. So I'm just trying to see like who does what and obviously there's gonna have to be in a validation from my team when we get the get.

The contract.

But there also will be like they have to feed us the information.

Like the Rep will have to feed us the information in some way, shape or form.

Ali Maisum 9:23

Yes. So we we would.

Larry Goldsmith 9:26

Yeah, so I think.

Ali Maisum 9:26

Yeah, we would, we would.

Larry Goldsmith 9:28

I think that's gonna be a that's a Telus question, right?

You're gonna have the software.

You guys are gonna have to figure out who's gonna be the right resource to actually enter that information. If that information needs to be put in.

Andrew Lypko (Guest - Telus Health) 9:40

Exactly. That's part of the change management process.

Maria 9:40

Yeah.

Andrew Lypko (Guest - Telus Health) 9:43

But they're also Ali made a really good point.

We need to look at the requirements of the integration of Salesforce to see which fields can be moved over which ones will remain manual and then which one in the change management of like the training which team takes that on so.

I think all valid questions, Maria, but we'll we'll need to take those away and and look

into them further.
There.

Maria 10:06
At Randall right now, and if I'm looking at today, I know we want to move away from what we're doing today. But right now, like the Rep provides all the information I need when they create their contract in the contract tool.
So there's a summer, a form that they complete with all the information, and then I take it and input it in the system.
So if we're going to bypass the contract tool, we just have to like I need to know, how am I going to get that information.
Is it going to be here?

Ali Maisum 10:30
So so let's.
So let's let's take this one step at a time, right?
So you do not.

Maria 10:36
Yeah.

Ali Maisum 10:37
The the thing that you get, you get a contract, right? And you have all that information you require to create the client, right?

Andrew Lypko (Guest - Telus Health) 10:43
Yeah.

Maria 10:43
Yes.

Ali Maisum 10:43
Keep that.
Keep that process right. You create the client over here.
This is where you're creating the client now. So you've got all that all that

information.

You've got a signed agreement, let's say, right, and you create the the client aware a candid comes in you you sign you you the lead.

Hey Canada like please is generated.

You win the opportunity, you sign the contract, you get all the information. Now if there's any additional information that's required, we will need to understand what it is. If there's enough information in Salesforce, we would need to understand all of that.

So that's, that's the conversation that you need to have, but you have all the information to type or enter or create a a, A over here, right.

So a Canada gets created, we can store all the addresses. We can store all the phone numbers we can.

For all the contact information, we can do all that over here, right?

Maria 11:33
OK, perfect.

Ali Maisum 11:34
Any, any, anything that's that's that needs to be more ready to tax and payments and all that that would need to be.

Managed in finance and operations, so we once we understand what level of information you're we're going to be entering, we'll then understand what the.

What the what the source is going to be?

Is it going to be K coordination?

Is it going to be?

Maria 11:54
OK, perfect.
Thank you.

Ali Maisum 11:57
All right. So once. Yep.

Larry Goldsmith 11:58
Good question though.

Andrew Lypko (Guest - Telus Health)   12:00

Yeah. We also have another one from Stephanie.

Ali Maisum   12:03

Oh, sorry.

Stephanie (Invité)   12:05

I I just wanted to just highlight the fact that in kind of to your point, Andrew, we there are Azure own Salesforce instance.
So we'll just need to be extra careful on that.
They're not our accounts.
They're the TBS accounts, so all the contacts and all that, they don't necessarily match the needs that we have.
I just wanted to highlight that.

Andrew Lypko (Guest - Telus Health)   12:30

Yeah. And we'll we'll really deep dive into that in, in the integration stream. I think Stephanie of, yeah, but but that's a good call out and I think we're aware of that. But we we need to work through in detail.

Stephanie (Invité)   12:44

Perfect. Thank you.
I just wanted to make sure it was on the radar.

Larry Goldsmith   12:48

So Maria, did you have another question or did you just not take your hand down?

Maria   12:51

Oh, I just didn't take my hand down. Sorry.

Larry Goldsmith   12:54

OK, alright.
No, no, no.

That's OK.

I just wanna make sure. Thank you.

Maria 12:58

Thank you.

Larry Goldsmith 12:59

Go ahead, Ali.

Ali Maisum 13:00

So. So the idea is that once we have got all the all the required details that we are going to need to set up the contract, right? One is the client, the other is which complement their their registering against right which complement their they're getting we'll start creat.

Our our contract, right?

The contract is something that we showed yesterday, so if you click on if you, let's say that you know.

We we have the, the.

The PHA right?

And I can just create.

Let me let me show you my screen.

Can I show my screen?

Syeda Rabia Jamil 13:38

Joe.

Ali Maisum 13:46

Let me know if my screen is visible.

Syeda Rabia Jamil 13:48

It just has a little.

Ali Maisum 13:50

So at this stage we we start creating our contract, right, so we.

We have a new contract.

We set it up right and over here we can say let's say.

Canada.

Right.

So this is this is just something that you're you're going to be adding in now with respect to the the compliments that exist in the system within within Telus, right?

We would need to initially define those, right?

So initially we would need to define all of them.

That is personalized healthcare, right?

We set up a payer type that's.

Vertical right?

And we say set.

So now now I'm creating a a contract.

Now I'm creating a contract against Air Canada, right?

I've got my contract initiation date right?

Let's say we started started this week and it's going to end.

In two years in December, right, and it was issued in someday.

Right now we've got the review date as well that can be used in the future, but not we're not going to use that right now.

We can add our our addresses over here.

Right it could.

It could be anything.

Right. So just give me an interest, let's say it's.

Right, so I have got my bill to address.

I've got my billing information right.

I can have a different person to bill to as well.

I can have my billing frequency over here as well, and so I've got all of that.

Once I save this this is this is a shell of my contract.

I've got the basic information over here, right?

I've got the basic information, I've got my my payer, my client.

I've got my contract dates right and and I've got the program this is against.

This is specialized health assessment.

This could be.

This could be another one. That is for a different sort of complement, right?

Within akanda.

So if I are we falling so far?

Andrew Lypko (Guest - Telus Health)   16:45

Yep.

Stephanie (Invité)   16:45

I'm actually a little confused what we're doing now is we're like making were whatever was done on the contract is going into the system.
Is that what we're doing right now?

Ali Maisum   17:00

So what?
We what? The contract that was signed needs to sort of have this digital copy of it within K coordination.
So we would need to understand what components are within the contract, right?
What would need to be defined that we can map it properly, but based on our understanding this is sort of the shell that we have created, right?
So within within a corporate client, we have got a particular compliment, right? And that is.
Right. And we have created a contract against it.
Now this contract will now be defined.
It'll it'll. It'll be defined in the sense that it will be able to understand what sort of protocols are supposed to go against it, right?
And we'll then talk about setting up those protocols.
So the next thing we're gonna do is we're gonna set up all the protocols.
So within within PHA, if I go over here right I have.
Let's say a personalized e-mail protocol.
Now what is?
What is that entail? So within the personalized e-mail protocol, it's, it's basically a shell that contains all these different examples.
Right. So body composition, stress test evaluation, Pap smear and all these things, these seven, these seven, make up the personalized female bundle.

Larry Goldsmith   18:30

You have somebody with a question, Ali Lindsey.

Ali Maisum 18:32

Yes.

Lindsey Oliver 18:34

Hi sorry I was flying yesterday so I wasn't in on the call yesterday, so I don't know if it's already been addressed, but when it comes to the protocols, I know this is how it was formally done by VET assist versus how former horizon did it and our. Challenge has been with Medicis. If there's a protocol in one single test, changes within that pro, you're stuck to that default like you have to create a whole new protocol.

So say everything is the same, but you don't want a year analysis or.

Maria 19:01

Yeah.

Lindsey Oliver 19:03

You want to add acbc to blood work.

A whole new protocol has to be created.

Is that what's going to be happening in here or will we be able to at the visit level?

Be able to add or remove a test.

Ali Maisum 19:17

So define protocols will be set up over here, right?

So if it's a define protocol, it can be set up here.

But if you want to add that protocol in that that is consistent.

That is consistent throughout the the through throughout the services that are being offered for specialized e-mail, right? So it might not be just for a candidate, might be for everybody and we're using this personalized e-mail across clients, right?

So we can add a new one over here if we have an additional.

Nadia Bouffard 19:45

Yeah, just a question for Lindsey, because I'm not sure what that's what you're asking, right?

Jehangir Adil Vakil 19:46
Vote.

Nadia Bouffard 19:49
So Lindsey, you say you have a standard master protocol you want to use it for that client, but is it at the client level that in all cases you just want to make a modification to it or is for any given visit anyone that has a standard prot?

Ali Maisum 19:50
Oh, OK.

Nadia Bouffard 20:02
You want to be able to make edits to it for the visit.

Lindsey Oliver 20:06
Yes, the second one.

Nadia Bouffard 20:07
The second one, OK.

Lindsey Oliver 20:07
So at the contract level, fine have the SET protocol, but when we actually say Nadia comes in for an actual medical and she's like, oh, I don't, you know, I can I also add acbc and whatnot. If our doctors have approved that.

Nadia Bouffard 20:20
OK.

Lindsey Oliver 20:22
I don't want to have to create a whole new protocol.
Can I just add that test?

Nadia Bouffard 20:25

Yes, that's being considered. Yes. So it's still the master protocol and then you can edit it for a visit, correct? OK. Yep.

Ali Maisum 20:27
Yeah.

Lindsey Oliver 20:31
Perfect. And it's great to see you.

Nadia Bouffard 20:33
Same here.
Thank you.

Ali Maisum 20:35
So.
Got it, got it.
Let's capture that later.

Andrew Lypko (Guest - Telus Health) 20:43
Just a quick one on that.
Is that Nadia?
Is that out-of-the-box or is that being considered as like a future dev kind of thing?

Nadia Bouffard 20:52
Ali, it seemed like out-of-the-box, right when we prepared the the demo being the ability to add any test to it or revoke one or.

Ali Maisum 20:59
So it's it's it's currently future Dev.
So the the framework exists, but we would need we have to do a further development on it.

Andrew Lypko (Guest - Telus Health) 21:10
OK.

So we need to collect more details on exactly that Lindsey, and make sure we got them all accounted for.

Ali Maisum 21:19
So at this stage we have got.

Jehangir Adil Vakil 21:20
It also I would just like to add, sorry, I would just like to add, am I audible?

Larry Goldsmith 21:25
Yes.

Jehangir Adil Vakil 21:27
Yeah. So I just wanted to add that it also depends on the process on how you're doing that.
So if on a appointment level you want to say, remove a particular service from a protocol or add another service at the time of appointment, then if you are manually just adding that in the system then that's definitely out-of-the-box.
But if that requires any other automation or any task or any other process to further change then that would need to be considered in terms of for example the invoicing.
Is linked to the later on stages would need to be considered so stuff like that would need to be talked about and then Dev work accordingly.
Does that make sense?

Lindsey Oliver 22:09
I think so, yeah.
So and I'm just just to clarify quickly and I know this is not what this one's for. So I'll be very fast.
So what happens in our OH business is we'd literally have to have about like 45 protocols just because the age is slightly different and things like that.
And it's very it's very difficult to manage, very difficult to.
So we just we have the standard based protocol, but we add a few tests that are based on position and or age.
So that that gets billed separately 'cause we don't build.

As a bundle in our oh we bill at a protest level versus here's an entire package.
Aha, right. Does that make sense?

Jehangir Adil Vakil 22:52
Yeah, definitely that does.
And it also helps the billing portion that you mentioned where your billing separately, we can further discuss that and how that can integrate with invoicing as well.
Thank you.

Ali Maisum 23:08
All right, all right.
So.
Right. So so now, now what we can now what we can also I would like. I would also like to help you understand is that within within the contract agreements that we have, the contract management that we have right, we have got a concept of hierarchy. So now.
What we can do is we can have we can have.
I'm I'm stepping a little back right now just to show the capability of what can be done right.
So what we have over here is, is now a master contract agreement.
Hey Canada, it's a general.
It's a general contract agreement, right?
And we have added all the all the basic details. We have got the initiation date and all that.
But we have also got a concept of setting up a subcontract now within within a Canada there could be multiple subcontracts, right? One could be for.
For PHA one could be for wwba one could be for XY and Z right?
So we could have multiple complements within a Canada and we can set them up separately, right?
So the way I the way I was showing you that it could be set up, we can do that for each separate complement as well.
Yes, Lindsey.

LO Lindsey Oliver 24:26

Sorry. So would that also work for?

I'll use one of our larger clients. So in Newfoundland Vale is 95% of what we do. They have their own contract, but they require all of their subcontractors to come through us for the valet protocols.

So would valet be the main one and then the child contracts be all of those subcontractors that they hire?

Ali Maisum 24:52

Could you explain that a little more?

Like how is that working here?

Lindsey Oliver 24:55

Sure. So valet has a mindset in Boise Bay and one in Long Harbor. They bring in a bunch of subcontractors to do work.

So like your pentacons of the world and your Telus health?

So we would be a subcontractor to valet.

So we're on their site, so they have a contract with Telus health, but when they sign agreements with the pentagons and those other individuals.

They require that they use Telus health to do their pre employment medicals and their on site services.

So how historically we've done it is each each employer gets their own contract, but we're linking them all to the valet protocols.

So would we in a case like this, would valet be the contract we would have individual contracts with all those subcontractors, but they would be child contracts to valet.

Nadia Bouffard 25:47

You could.

Lindsey Oliver 25:49

OK.

Nadia Bouffard 25:49

You could link them as child and you can share the protocol.

Ali Maisum 25:50
Well.

Nadia Bouffard 25:52
So when you say a subcontractor, it's not a Telus subcontractor who's offering the service. It's a valet subcontractor who's also doing mine and hiring people.

Ali Maisum 25:58
Yes.

Lindsey Oliver 25:58
I need Ellis.

Ali Maisum 26:00
Getting that.

Nadia Bouffard 26:01
OK, I was unclear who the subcontractor was in what context?

Lindsey Oliver 26:05
Yep. Perfect.

Nadia Bouffard 26:06
OK.

Ali Maisum 26:07
And and who who would be?
Who would be still? You know, we've talked about the payments.
Who would be still paying for the services will be the subcontractors.
Will it be valid?

Lindsey Oliver 26:17
In some cases, for embedded contractors, they call them valet pays. If valet's not paying then they would. It would be the contractor if they're not embedded.

So if it's a child contract under the main one, then the main contract pays or does the child contract pay?

Ali Maisum 26:30
All right.
And.
So yes, so there there is a concept for that.
I'll. I'll get to it.
So so within, within, within valet, right?

Lindsey Oliver 26:41
OK.

Ali Maisum 26:44
Let's talk about Vale.
What kind of compliments do they have?
Would it be?

Lindsey Oliver 26:50
I.

Nadia Bouffard 26:52
They don't have one.

Ali Maisum 26:52
Yeah.

Nadia Bouffard 26:53
They just go straight to protocol.

Ali Maisum 26:55
OK.
They go straight to protocol.

Nadia Bouffard 26:56
Well, there could be one.

Ali Maisum 27:02
So.

Lindsey Oliver 27:02
And I missed yesterday, so I don't know what that that term was.

Ali Maisum 27:09
All right, all right.
So so let let me just talk about how the subcontract will be set up.
So it's it's basically complement wise, right?
So I can have my my a candidate complements over here, right?
It could be PHA for example, right?
And any other different ones and within within that within the the within the definition of that of that contract or the subcontract, I can have individual.
Complement specific protocols.
Right. So for complement specific protocols against the same, it's the same scenario that I can have. I can add a different I can I can club multiple examples into 11 protocol and I can associate that with the complement.
OK.
Now.
There is a there is a bit of financing operations over here F&O which will which will talk about. Again we'll talk about we'll talk about that on Monday, but just to explain that the examples would be defined within finance and operations, right where they will be.
Set. They'll be their inventory dimensions will be set.
Their pricing will be set.
All of that will be set in place and operations, and we'll be it'll be integrating with K coordination.
And you will be able to create the bundles or or just select the bundles over here, right?
Select the protocols over here.

All right, now any any specific?
Trade agreements or special prizes that might be offered will again be set up in finance and operations and will be selected against this particular compliment.
So if there any any special prizes that need to be off that that that are to be offered for a Canada against complement PHA?
We can define that over here.
Yes, Andrew.

AL **Andrew Lypko (Guest - Telus Health)** 29:15
I know when the requirements are on special pricing and modifications.
We the the ask from.
Product and from the business was for some sort of approval process to be built in.
Is that workflow available here?
So if somebody wants to create a special price or a special type of amendment change.
What could that potentially look like?
Do you have anything?

Ali Maisum 29:39
So setting up the prices would be something that'll be done in finance and operations against trade agreements.

SM **Sarah Mackay (Guest - Telus Health)** 29:48
Andrew, that would, that would have to happen.
Before we set the trade agreements we we want the approval before the with it sent to the client.
I'm assuming that when we set the price, it's because we got the contract back and it was signed.

AL **Andrew Lypko (Guest - Telus Health)** 30:07
OK.

Ali Maisum 30:07
Yes.

AL **Andrew Lypko (Guest - Telus Health)** 30:08

Step it's a step above. Yeah, OK.

SM **Sarah Mackay (Guest - Telus Health)** 30:08

But before yeah.

Ali Maisum 30:09

Yes, yes, yes.

So here, here we are just defining all of that.

We're just selecting all of that, right?

So the the price was defined before we just simply selected over here, right?

AL **Andrew Lypko (Guest - Telus Health)** 30:16

Gotcha. Yeah.

Ali Maisum 30:19

So we say, OK.

So this particular price list will be applied to the complement of to the PHA complement for a Canada.

SM **Sarah Mackay (Guest - Telus Health)** 30:31

Well, we have the expert in pricing with Patana who has a question so.

Go patana, you're on you.

PT **Pathana Thavongsa (Invité)** 30:39

Can you hear me?

SM **Sarah Mackay (Guest - Telus Health)** 30:40

Yes.

Ali Maisum 30:40

Yes.

PT **Pathana Thavongsa (Invité)** 30:41

OK.

I was wondering in the contract price list, because usually like contracts are like more than two years and they have a different rate for each year.

Will there be like a compliment or a date where we can actually put in, let's say like the first year it's from this date this date to this date for this for a specific price and then the year after it's another price.

Because I understand that we can have like the actual beginning of the the contract.

Ali Maisum 31:11

Yes.

Pathana Thavongsa (Invité) 31:14

And the ending, but the in between. That's what I'm I I I wanna know where would that be possible to have like to see what's the pricing for each year for the contract time.

Ali Maisum 31:25

That's.

So we have got we have got Babu with this right and Babu, can you shed some light on that just to understand how the trade agreements will be set up and the valid dates and all that?

Pathana Thavongsa (Invité) 31:39

OK.

Babu Gandham 31:39

You want to do it now or you want to do it for Monday?

Pathana Thavongsa (Invité) 31:39

Thank you.

Ali Maisum 31:39

Just one.

Just, just, just, just, just conceptually so that they know what?

Babu Gandham 31:43

OK, so at a high level concept standpoint of you, you will create a trade agreement today, what you're doing it and any future pricing if you want to do it, you can set up a new trade agreement with an effective date as starting from the new date.

Nadia Bouffard 32:01

Right. So, Babu, you're saying that the process will continue quite similar to what it is currently?

Ali Maisum 32:01

Hello.

Babu Gandham 32:04

Yes.

Nadia Bouffard 32:06

So yeah, patana. The idea is that there would be a portion of the setup done directly in D365, which is the equivalent of today's ax, right?

Babu Gandham 32:06

That's correct.

Pathana Thavongsa (Invité) 32:06

Oh.

Nadia Bouffard 32:14

So you would have those same functionalities, those same capabilities and what I'm I'm sort of realizing is that there's very different vocabulary.

Pathana Thavongsa (Invité) 32:14

OK.

Nadia Bouffard 32:21

So here, when Ali is walking us through the contract set up you in a mindset or for

you, the contract is a signed contract and today we're accustomed to that being.

The actual pricing agreement that we do in ax here is like a combination of two things.

There's the ax part, which is really your pricing agreement. The you know the renewal of the pricing, etc.

That continues to be done in ax and here in corporate care.

It's more of an overview of more than just the pricing.

You know the services that they've.

That they've acquired with those services comprised the program. So you'll have a different view in ax. You don't have that view.

You know their trade agreement and the dates, but you don't know.

You know what they've purchased?

So the two layers combined will give you a really, really good overview.

Sarah Mackay (Guest - Telus Health)　33:11
So so this would be sorry, but I think this would be like the, you know, contract start date, contract end date with.

Pathana Thavongsa (Invité)　33:11
OK.
I get it.

Nadia Bouffard　33:19
Mm hmm.

Sarah Mackay (Guest - Telus Health)　33:19
For each service, but like at that what we have at the client level not as the exam code or protocol level.

Babu Gandham　33:21
Yes.

Sarah Mackay (Guest - Telus Health)　33:27
Like what?
What you do right now?

Pathana Thavongsa (Invité)   33:30
Yes, OK, OK, I get it.
Thank you.

Sarah Mackay (Guest - Telus Health)   33:32
I think we're gonna see that to Monday.

Nadia Bouffard   33:33
With the Monday with the Monday call.
You'll get a better view of the different pieces and how they fit together, but don't think that you're losing your capacity for trade agreements the way they are now.

Sarah Mackay (Guest - Telus Health)   33:35
Yeah.

Pathana Thavongsa (Invité)   33:42
All right.

Nadia Bouffard   33:43
OK.

Pathana Thavongsa (Invité)   33:43
Thank you.

Andrew Lypko (Guest - Telus Health)   33:58
Elli think you may be a mute.

Ali Maisum   33:58
All right.

Nadia Bouffard   33:59
Yep.

Ali Maisum   34:00

30 hours.

I just opened a file and just opened quite a few other.

Just trying to.

Just a minute. Yeah, all right.

SM **Sarah Mackay (Guest - Telus Health)**   34:09

Just while you do that, just just as a side note, while you do that for everyone who was here yesterday.

You you probably noted that today.

We then start with the current state of things.

Because what Nadia and Ari are going to do is we're going to do quick little demos that we're going to record and send to the quisitive teams prior to each calls so that they have the current state before we start.

And we can just get in the nitty gritty of the new meta vision straight away and not worry about the current state.

So just wanted to let you guys know, just in case you were wondering well, how will they know what we do now?

They they know.

Assume that they know.

Nadia Bouffard   35:00

Thank you, Sarah. Thank you for that.

Ali Maisum   35:00

OK.

All right.

Thank you.

All right. So so now now we talk about once we have got let's say we got this contract set up now we talk about within the process that we have understood is that you know the contract gets.

So this is either happening after the contract is signed, right?

And we have got all the information or this is just preemptively us creating the contracting system.

Hoping that you know we win the opportunity and we simply have to.

Review. Review the review the contract.

And Mark it as live. So before it's live, it's basically in a draft state and once it's approved and it's done, we can analyze it.

So we we talked about adding different.

Process flows over here.

What that could look like is something we just.

Show you.

I'm sorry, I've got something there.

I don't know.

Right. So what it could?

What it could look like is something just a minute.

SM **Sarah Mackay (Guest - Telus Health)** 36:31

There's no way to make this bigger, right?

The your the the screen that's presenting.

AL **Andrew Lypko (Guest - Telus Health)** 36:36

You can Sarah in the bottom corner.

SM **Sarah Mackay (Guest - Telus Health)** 36:37

Might. Oh I can.

AL **Andrew Lypko (Guest - Telus Health)** 36:39

Yeah, there beside Ali's name in the bottom corner, there's a little plus sign.

So I've done that.

And you can zoom in on your own.

SM **Sarah Mackay (Guest - Telus Health)** 36:43

Because I am old and I can't see.

Ali Maisum 36:46

And that's important.

Is this way?

VL **Veronique Lesage** 36:49

I'm old too, I guess.

SM **Sarah Mackay (Guest - Telus Health)** 36:51

Yeah, no good stuff.

Ali Maisum 36:55

Is it?

Is it better now?

SM **Sarah Mackay (Guest - Telus Health)** 36:56

Yes, yes, it's much better.

Well I I zoomed in a little bit as well, so that's thank you.

Ali Maisum 37:00

OK.

So so it could look something like this.

So we have got we've got these steps that can be that can be set based on the business requirement, right? If you if you want some sort of validation over here we can set those up. We can say you know once once that particular whatever mandatory information is.

Required against that particular step, we can set that up in next stage and we can then pass this on to the next person.

We can also generate tasks based on which stage we are at, right?

We have got two hands up.

Yes.

Cortana and Bashir.

PT **Pathana Thavongsa (Invité)** 37:39

Oh, sorry, I just forgot to tell, sorry.

B **Bachir** 37:39

Umm.

Oh, OK.

Ali Maisum 37:42

OK.
Yes.

Bachir 37:45

Maybe I missed that but.
Where do you actually link the contract with the proper complement?

Ali Maisum 37:54

So linking the contract with the proper complement would be overhead.
We've got this program defined over here, right?
And within within the hierarchy of that contract. So within a calendar, we got multiple compliments.
For example, now there's a concept that it will it will only have one compliment, but it could be multiple as well.
So those multiple compliments would be categorized under subcontract in the system and they will be set up in the program over here.

Bachir 38:22

OK. And and the list of compliment?

Ali Maisum 38:22

OK.

Bachir 38:24

Is it a dynamic list that can be updated?

Ali Maisum 38:28

Yes, yes.

Bachir 38:30

Right. Is is it not static list right?

Ali Maisum 38:30

So I showed that initially.
I showed it.

No, it's not.

So I showed that initially over here, so I can I can add new complements of it, right?

So so I added one over here which was.

Personalized health assessment.

I can add that I can add multiple modes, all all data that we created or for the business, right?

Bachir 38:56

Yeah.

Very good.

Thank you.

VL **Veronique Lesage** 38:58

Can anyone create a new one in this table anytime?

Or it's restricted?

Ali Maisum 39:03

It would be control.

It would be controlled by by the security by access control.

VL **Veronique Lesage** 39:07

OK.

Bachir 39:10

And maybe last thing and when you create a new complement, actually I I guess you need a whole.

Management regarding that that complement comes with the starting date, ending date with status and everything is it.

Is it all?

Get handled or not?

Ali Maisum 39:28

OK.

Apparently what we have mapped the starting date and end date is based on the contract itself.

So the the complement is personalized health assessments. PHA, right?
But for but the contract is is set to end at a certain date.

Nadia Bouffard 39:46
No, but he's referring to the actual compliment content, right, Bashir? Yeah.

Ali Maisum 39:47
So.

Bachir 39:51
Yes, absolutely, yeah.

Ali Maisum 39:51
Is that?

Nadia Bouffard 39:52
That's it.
So we've just created a compliment type that you can associate to a program, but that compliment now needs to be created with all the required fields that drive whatever business logic.

Bachir 39:57
Mm H.
Right.
Yeah. Is it part of this, this presentation or maybe for the next time maybe?

Ali Maisum 40:06
So.
So yes, I would need to understand what what sort of information are we holding within a compliment, is it is it?

Nadia Bouffard 40:17
Just a screenshot that were sent yesterday.
That's the content of a compliment.

Ali Maisum 40:22
Yes, OK. OK.

Veronique Lesage 40:22
Because the contract is at the client level, but the compliment is at the patient level.
So maybe this is what Bashir is asking.
Where do we set the compliment details of the patients that are falling under this client contract?
Is that by year what you're trying to get?

Bachir 40:36
Yeah, absolutely.
Yeah, yeah.

Veronique Lesage 40:40
So we are setting a contract at the client level now, but how I guess you're.

Syeda Rabia Jamil 40:40
So, ADI, can you go to the EOC level?

Nadia Bouffard 40:46
Correct, yes, for Eoc, we're going to need to do like a a quick little mapping table for people to know exactly what you know.

Veronique Lesage 40:46
Sorry.

Ali Maisum 40:46
Yeah.

Syeda Rabia Jamil 40:49
Yeah. Yeah, so.

Nadia Bouffard 40:52

What word corresponds to what 'cause? It's getting a bit confusing.

Syeda Rabia Jamil 40:55

So the patient compliment maps in our product is on the episode of Care which we which is not for EOC.

Nadia Bouffard 41:02

OK.

Syeda Rabia Jamil 41:05

So in this episode of Care, we are linking multiple things.
Here we are linking the complement linking the patient here and all the services or the protocols that he will be utilizing.
That is also will be, you know, automatically linked from the contract level to this episode of Care, which is our patient compliment.

Veronique Lesage 41:31

So that would replace the eligibility process.
We create the account, then the program with the contract and then there is a way to K skate down to the list of patients.

Syeda Rabia Jamil 41:39

OK so so before creating the the patient compliment or the episode of care, we were still require the eligibility list of basically we will require the eligibility list so that we can know for which patients he needs to create the patient compliment.

Nadia Bouffard 41:57

For sure.
For sure, but I think the question was also where does your master compliment reside?

Bachir 42:03

The metadata I mean.

Nadia Bouffard 42:04
That, yeah, the one that you will use to assign to a patient.

Ali Maisum 42:06
Yeah.

Bachir 42:06
Not.

Syeda Rabia Jamil 42:06
OK so.
So.

Ali Maisum 42:12
So if yes, if it if it is required information we can add we'll we need to add some.
It'll be some some dev work if if there is some sort of other information that we want,
like the one that we saw in the in the document that was shared right.

Syeda Rabia Jamil 42:19
Yeah.
Yep.

Ali Maisum 42:29
So but, but based on, I think we can still have.
A different set of activities that can be performed.
Out-of-the-box, instead of, you know, simply simply setting up all these fields, for
example.
There's a there's a there's feel away that says allowed to call for PHA, right? We will
need to understand what? What logic that drives.
If it says allow to send results by e-mail, is it referring to the patient or what?
What logic?
That drives.
Maybe we can handle that in a better way within care coordination, right?
Maybe we can handle that at a patient level instead of at a complement level or or

however.
Would be best suited.

Jehangir Adil Vakil 43:17
To further build on that, I had a question for the business as well that on complements when you are adding this particular data, is it going to remain consistent throughout all the patients in that particular complement like the fields that you're mentioning or are they variable with respect?
To each patient.

Veronique Lesage 43:36
Right now, the compliment feels all the same.
It's a static form that are configured based on the contract for each patient and within the same client contract patients can have different.

Jehangir Adil Vakil 43:41
Mm hmm.

Maria 43:49
No.

Veronique Lesage 43:50
Fields, different dates, different settings.

Bachir 43:50
For maybe.
Right. Yeah, I mean, I mean, just to resume that.

Jehangir Adil Vakil 43:57
Mm.

Bachir 43:58
Today, let's say we have a new business line of business.
Let new memberships. We are offering a new service, OK that that new service, let's say it's a virtual care, OK.

And there is nothing in our systems to handle that.

So what we are doing at that point is we are creating a static.

Set of fields that can actually save those informations of this new memberships.

And in order to save for and in this new virtual care, for instance, we need to know, let's say starting date, ending date, the status of this membership.

An e-mail for e-mail one.

E-mail 2 whatever is very particular to this.

Current virtual membership.

Right. So let's say we have 10 different fields that we are targeted in order to handle this new membership. Now at this point, we add them statically, which means that we need a developer like myself to go in the code and add the new fields in the table.

And the new and add a new labels and edits in the forms in order to.

Show the fields and save the fields.

So this is the current situations.

Now I'm asking you is if we have the same request with the new systems. I think this new virtual care membership we never had that.

But this we're starting with this, are we still?

To a developer to in the back end, adding this set of fields? Or is it something that the an end user, of course superuser that that has the proper training can do it directly in the front end?

Jehangir Adil Vakil 45:56
OK.

So what I'm understanding is that if you have another compliment that you want to add, each compliment has its own set of fields that will change.

And if you're adding a new compliment, you want it to be the form to be so configurable that an end user can directly go in and say that this compliment will take these fields. And based on that, add the fields to the form and then add the data.

Bachir 46:15
Absolutely.

Jehangir Adil Vakil 46:19
Based on that compliment and fields.

Bachir 46:21
Exactly.

Veronique Lesage 46:21
Exactly.

Jehangir Adil Vakil 46:23
OK.

Veronique Lesage 46:23
Because every complement has different fields that drive different things, and right now the way Ax 2012 is built, we cannot share those fields because they are different. Assigned patient can have multiple compliments and have different fields within them.

Jehangir Adil Vakil 46:24
So that would basically mean.
Mm hmm.

Ali Maisum 46:42
So.

Veronique Lesage 46:42
So I'm also curious to see.

Jehangir Adil Vakil 46:45
I think that sort of falls into the.

Veronique Lesage 46:45
How we can create new programs basically?

Ali Maisum 46:45

So.

Mm hmm.

Jehangir Adil Vakil 46:51

I think that falls into the form of configuring or creating the form itself, which currently is not a part of this, but we can definitely talk about how we want that requirement.

Ali Maisum 46:51

And what?

Jehangir Adil Vakil 47:05

To further, sorry Shakira, you were saying something.

Bachir 47:07

No, no, absolutely. I yeah, absolutely. I'm. I'm. I'm not.

I'm not.

I don't need your answer right now.

Maybe you have to take it this offline, but just just let me know once. Maybe in the in the next demo or in the next working sessions if it's something how we can address that.

I mean is it maybe we have to still keep doing what we are doing today, I don't know.

Or is it a better way with this new ERP?

That actually help us doing it much faster.

Or from the front end 100%.

Or maybe from the front and only 50%. Whatever. It's not like whenever you're ready.

I mean, it's not like a rush, right?

Jehangir Adil Vakil 47:49

I'll discuss that and also discuss whether this is ACR or this is something that would be in the scope.

Ali Maisum 47:51
Yeah.

Jehangir Adil Vakil 47:53
So once that is done, I'll let you know. Thank you.

Bachir 47:54
Very good.
Thank you. Thank you.

Ali Maisum 47:57
All right.
Thank you. Thank you. Wished. Thank you, jangir.
So one of the things that we, I'm not sure what the virtual.
What was it? Virtual care would encompass, right?
If it's, if it's driving a set of actions again, it's something that we can we can, we can do within system, it's if it's setting, it's if it's just basic configuration.
And that needs to be done.
We can do some dev work right, but we'll need to understand that.
But and now going back to the contract itself, right?
So we have got our.
Our compliment set up right, we have got our products and services which are our protocols set up. We have got our price list set up right and we've got this.
So this this is where we we we end our server process.
Where we say the contract is created right and.
The contract is created and now we need to.
Now we need to sort of get that signed off right. Once we signed off, we talked about I think there is.
Right.
So.
APN is used to sign that contract.
Now, Maria, this is this is. This is where I wanted.
I want to ask you a question.
It's basically a question that you asked is what.

At what stage would this functionality be?

Would we be doing this right? At what stage?

So we you need to discuss that internally that you know what fields are required, right and?

Based on that, basically we'll we'll we'll put all these steps in motion.

Right. If it's an integration we create the we create the client and we define whatever contract we can based on the information that we have.

Otherwise, it's simply create creation of the.

It's simply creation of the client, right?

And then setting up the contract manually for now.

I I need one minute, somebody will take just one minute.

Nadia Bouffard 50:22

During that time, Maria, from your from, from your knowledge in terms of the fields that are currently available in Salesforce, it would be sufficient just to create the shell of an account, right, client name, maybe some billing address.

It's basic details that you have right.

Maria 50:36

Basic details, but obviously there's gonna be additional details that we're we're gonna need based on the contract. I also wanted to ask.

With this new system, is there a possibility for multiple building addresses?

Because that's also something we have very frequently with some of our customers.

I don't know if it's in.

Nadia Bouffard 50:58

Yes, absolutely.

So the question, oh, he's back. OK, sorry.

Jehangir Adil Vakil 50:59

Yeah, that's it.

Syeda Rabia Jamil 51:00

Yeah.

Yeah. So right now we have the functionality to add the building address on the

contractual level as well as we can add multiple addresses on the payer or the count or the client level.

Maria 51:16
It's more at the account level.

SJ Syeda Rabia Jamil 51:16
So we have the functionality.
Yeah. So we have the functionality where we can associate multiple addresses along with the account or the client.

Nadia Bouffard 51:26
And can they have like a different purpose? So, you know, which one's like a billing address or a delivery address or?

SJ Syeda Rabia Jamil 51:32
Yeah, we can.
We can categorize them based on the just the just the address, the company address, or the billing address.

Nadia Bouffard 51:43
And I saw you.
You were on another screen previously and I saw a child tab.
Would that be for like the child?
Contracts or there that, yes.

SJ Syeda Rabia Jamil 51:51
Which one?
You just, yeah.

YN Yumna Nayer 51:54
Yes.

SJ Syeda Rabia Jamil 51:55
Yeah.

Nadia Bouffard 51:55
OK.

Syeda Rabia Jamil 51:58
So basically coming back to the contract, so someone was saying something.

Yumna Nayer 51:58
So.
No, no, my bad raviol. Please continue.

Syeda Rabia Jamil 52:05
OK, so coming back on the contractual management.
There were also some requirements related to the renewal process which which basically says that some notifications and task creations are required.
Based on the ending date or the expiration date of the contracts, so we have the field for the end date or the review date here on the contract so level.
So what we can do is based on these dates, we can configure the flows which will basically create the notification when there are six months left for the expiration or the 60 days left or the 30th days left.
So we haven't actually implemented that, but we can just have an overview of what that process will look like.
Like for example we have the expirations for some contracts which are due in six months. So we can have a separate dashboards or views for those specific contracts which are due for the renewal in six months.
We can have this as a views or the dashboards.
And we can also have a separate view which for the contracts which are already expired, but we need some kind of.
Escalation process for these type of contracts that are already expired.
So and own basically when we have few contracts which are due in six months.
So what we can do is based on these contracts, we can automatically generate some activity tasks.
Or some e-mail task which will be assigned to some of the representatives, like if I just go to the activity I have the staff assigned to me for the contract renewal.
Of the update contract ended, so assume so.

Consider this scenario as I have a contract which is due in six months and the notification goes to the client that your contract is going to be expired and he just you know give some response like he wants to renew it so that will automatically create some T.

And it will be assigned to me automatically and as per the task.

I can just go to the task and update the contract date.

And complete the stock.

So that will be done or if any e-mail communications are done.

Related to this renewal process, so we can automatically create some e-mail task which will be assigned to me.

And the e-mail will be sending to the clients or the sales Rep and they will then. You know, take the next steps for that.

Yumna Nayer 54:56

Sorry, Stephanie, can you have a question?

Jehangir Adil Vakil 54:56

I think we have a question.

Ali Maisum 54:56

Let me ask a question.

Syeda Rabia Jamil 54:58

Yeah, please go ahead.

Ali Maisum 54:59

How are you?

Stephanie (Invité) 55:01

This may be crazy, but could this eventually create an activity back into Salesforce?

Syeda Rabia Jamil 55:10

That, yeah.

Ali Maisum 55:13

Yes. So, so yeah, integration.

Jehangir Adil Vakil 55:13

I think that's more of an integration discussion.

Syeda Rabia Jamil 55:16

Integration point.

Jehangir Adil Vakil 55:16

We can definitely dive into that during the Salesforce integration session we have.

Stephanie (Invité) 55:21

OK.

Yumna Nayer 55:21

Questions.

Stephanie (Invité) 55:23

Is somebody am I taking a note of this or is somebody taking a note of it?

Jehangir Adil Vakil 55:23

I I.

Nadia Bouffard 55:27

I am.
I am.
I'm taking notes. I'm taking notes.

Stephanie (Invité) 55:28

Missy.

Nadia Bouffard 55:30

I also have a crazy question.

One of the issues or challenges, I think is that as the contract comes closer closer to its renewal date, current behavior in ax is that it automatically falls to list price the 2nd that it's expired.

Maria 55:45
Mm hmm.

Nadia Bouffard 55:45
Could there be a task to say hey it's expiring and I don't know a week do you want it to go to list price or you want to extend this?
This special price, a month, two months and maybe that requires an entire approval process.
Whatever. But could it also?
Asks a question via the task.

Maria 56:03
You to the Rep you're saying to the Rep.

Nadia Bouffard 56:04
Or.

Syeda Rabia Jamil 56:04
Ask the question for to the client.

Nadia Bouffard 56:06
Well, to whoever needs to go to, whether it's a Rep or their superior or whatever, but just to prevent falling to this price for however, how many months it takes to renew and then having 400 credits to do.

Maria 56:19
Yeah, the there's that issue, Nadia. And there's also the issue that the customer remains as a corporate covered customer.

Syeda Rabia Jamil 56:20
Mm hmm.

Nadia Bouffard 56:20
Fixing.

Stephanie (Invité) 56:26
As a corporate pay, that was my point exactly. Marine.

Maria 56:28
And they're out of contract. So you know the customer has the right to say, well, I'm not paying you this invoice.
I'm I'm out of contract. Like I I never resigned a new contract.
So it's not just the fact of falling to list price, there's also that issue with the customer like right now they go to list price but it it doesn't change the coverage to patient pay let's say.

Nadia Bouffard 56:37
OK.

Maria 56:48
So the customer.
Has PJ still coming like most of the time, we don't have any issues.
They pay, but there there are some customers that'll say, why am I?

Nadia Bouffard 56:54
Hmm.

Maria 56:58
Why am I being charged for this?
I never resigned a new contract.
I didn't renew my contract so.

Nadia Bouffard 57:03
OK.
Well then maybe you have a more stringent rule, but I guess the question is, could there be a trigger if it's not renewed and you're at, I don't know, a couple of days

prior to renewal for something to happen.

So, Maria, to your point, either you extend the current pricing because it's under renewal.

It's just not finished.

You know they will renew or you potentially block everything or something.

Maria 57:24

Yeah.

Jehangir Adil Vakil 57:29

Yeah. So that's definitely.

Syeda Rabia Jamil 57:29

Yeah, that can be definitely configured.

Yeah, go ahead, please. Sangeet.

Jehangir Adil Vakil 57:33

Yeah, depending on. No, no, you just said.

But I was gonna say I was just gonna add that depending on the requirements that you have, you would need to understand the exact process flow and the triggers. What actions?

You need those triggers to lead to as well, and then based on that we can decide on the appropriate process flow for that.

Syeda Rabia Jamil 57:59

Yeah, we will basically read a list from you guys of all the task or the activities that should be created based on that regard. Like if an e-mail has to be sent, if any task has to needs to be sent. So if that is defined we can defin.

Configure that.

Maria 58:16

Do we have the notion of like we have in meta vision today Auto Renew and sales Rep Renew?

Are we gonna have that notion?

And if we do, how do we integrate?

If it's, let's say the customer is tagged as an automatic renewal means that you know they're not gonna sign a new contract.

But we should advise them sixty days before that, we're auto renewing them with whatever a price increase of whatever percentage we decide as a as a business.

Syeda Rabia Jamil 58:35

Mm hmm.

Maria 58:44

Can that also be like a task or an e-mail that goes out to the customer automatically?

Jehangir Adil Vakil 58:53

Yeah, depending on the type of contract.

Syeda Rabia Jamil 58:53

Yeah, that can be configured.

Jehangir Adil Vakil 58:56

Yeah.

Henry Chan 58:58

Maybe just to add to that.

Syeda Rabia Jamil 58:58

Go ahead, janggu.

Henry Chan 59:01

Oh, sorry. Can you hear me?

Syeda Rabia Jamil 59:05

Yes.

Henry Chan 59:06

Just to add to that, maybe like if that trigger I'd like to be part of those conversations just so that we can time it and maybe that the message would actually go to like the

pricing team and the contract team and it wouldn't be a couple days it.

Be like a month or two months in advance to trigger the right processes and then you know, get the right communications going to to ease the client into a new contract or over new prices.

I'm glad to hear that this is at least.

A functionality that we can we can look into.

So happy to participate.

In that one and kind of like the early heads up on price increases in contract meals, I know that generally we want the function of automatic renewal, but there is some indication at the leadership level that we may not want that as well for certain clients and we.

Want to trigger an actual conversation rather than just letting contracts renew on their own, at least on the OE side?

Thank you.

Nadia Bouffard 1:00:02

OK. But Jehangir, I think that would be fine, right?

It would be a sort of dependent on a flag on the account.

So if the account is set as auto renewal, you trigger the auto renewal process and if it's not, you trigger the other process.

Henry Chan 1:00:12

Yeah, that could work.

Yeah.

Jehangir Adil Vakil 1:00:13

Yeah, definitely.

Syeda Rabia Jamil 1:00:14

In.

Henry Chan 1:00:15

OK.

Ali Maisum 1:00:16

And and just just so we are clear, these are these are what we would categorize as something that the business needs, right.

And these are important notifications that would be required.

Henry Chan 1:00:28
Yes.

Ali Maisum 1:00:29
So. So just just, just so I wanted to set something up.

So we we are showing the business the system, right.

Yeah. And there are different gaps over here, right?

There is things that you would want in addition, so just keep letting us know so that we can understand what specific the process the status have so that we can, you know, map it to this if required.

If there's any additional work required we can take note of that as well, and if this feels like it's enough, it suffices for the process that we have, then we'll continue.

Will simply, you know, keep this.

And so on.

Syeda Rabia Jamil 1:01:09
Yeah. So this is the basic information that we currently store in our contract.

Jehangir Adil Vakil 1:01:12
Also.

Ali Maisum 1:01:15
Sorry.

Syeda Rabia Jamil 1:01:16
So if if there's any other information that you guys capture on the contract which we need to add the the fields for that that specific information to be captured on this contract management form. So you guys need to highlight that so that we can capture those in this.

Form as well.

Nadia Bouffard   1:01:36

Documents tab to actually attach the contract itself.

In one of the areas or.

Ali Maisum   1:01:41

So we we.

Syeda Rabia Jamil   1:01:42

On the contract level.

Yumna Nayer   1:01:44

Yes, we do.

Nadia Bouffard   1:01:44

Well, the actual signed contract, if they want to keep the PDF or upload the PDF.

Syeda Rabia Jamil   1:01:49

Not on the contract level, but at the moment, but yes, obviously we can add the functionality here as well. But currently we have that functionality on the client level where we can set that note and attach any document.

Nadia Bouffard   1:02:00

Oh, sure.

OK, OK, whatever. Wherever it goes, OK.

Syeda Rabia Jamil   1:02:04

Yeah, it is.

Nadia Bouffard   1:02:06

OK.

Syeda Rabia Jamil   1:02:06

I have created a dummy task as well. If you guys can see see it aware. I've added this specific PDF.

Nadia Bouffard   1:02:13

OK.

Ali Maisum   1:02:15

Maybe a conversation for later, and maybe it's more technical conversation, but.
The way that that these documents are stored is also, I think it's we have got an entire document management module as well where you can manage the types of documents that you can add.
PDFs you can add.
You can even define where the document is going to be stored, whether whether it's going to be SharePoint or Azure blog.
So we have as well, but that more technical discussion that we can get into later on.
Just maybe.

Nadia Bouffard   1:02:47

OK.
So add client.

Syeda Rabia Jamil   1:02:47

Yeah, this is just a basic functionality for storing the document.

Nadia Bouffard   1:02:51

So at client level you can store all the client documents and you can say where they originate from.
At the patient level, you can also have an entire document library pertaining to that patient. Also, with the origin of the document. Does it originate from their episode of care, or from disappointment, or from that other thing?
OK.
Good.

Jehangir Adil Vakil   1:03:13

Also, I had a quick yes, sorry, go ahead.

Maria 1:03:13

Can I just ask a question?

Nadia Bouffard 1:03:13

Right.

Maria 1:03:15

Sorry, go ahead.

I just have a question to go back with the tasks. So to go back to your point, Nadia or the point we were discussing that right now we just changed them to list price when they expire and we should be changing them to patient pay. Can there be?

Jehangir Adil Vakil 1:03:16

No, no, please.

Maria 1:03:31

A notification to the customer like to say I don't know.

Two months before you know your your contract is up for renewal. If we don't, if we don't renew it.

If we don't renew it on time, your account will, you know, go into a patient pay format and you will be at least priced like is that.

Is that as flexible as that? The system for it to be able to do that?

Ali Maisum 1:03:56

So yes, we can send external emails, right?

I think that's what you're talking about. If you're able to notify the client in some way, yes, we can send external emails.

Maria 1:04:01

Mm hmm.

Yes.

Ali Maisum 1:04:06

That capability exists, yeah.

Maria 1:04:08
OK.

Ali Maisum 1:04:08
We just.

Nadia Bouffard 1:04:09
So Maria, it sounds like there would be like an auto renewal process where it sends that e-mail and it autos auto renews. There would be the concept where you don't want to auto renew.
It's the needs to go through sales concept and then if your account is flagged as well if they.

Maria 1:04:24
Either or.

Nadia Bouffard 1:04:24
If they're not auto renew and they don't go through sales, terminate and then you activate the terminate.

Maria 1:04:30
Correct. And then?
So I mean it could be sales Rep Renew or auto renew if the Rep doesn't renew on time like that's a business decision we have to make, let's say the the Rep is in negotiation with the customer, but they don't do make it on time to renew prior.
To expiration.
Technically, they should be doing an amendment to extend, but let's say they don't.

Nadia Bouffard 1:04:53
Correct.

Maria 1:04:54
We, like we don't wanna make everyone we don't wanna put everyone on patient pay without us having.

Nadia Bouffard 1:05:00

No.

Maria 1:05:00

Like I'm trying.

I'm trying to think at the same time that I'm speaking here, so I think we we have to look at all the scenarios and see how do we wanna handle it, like whether it's auto renew or sales Rep Renew when they when they expire and we change them.

Nadia Bouffard 1:05:03

Yeah.

Maria 1:05:15

To.

List price do we also change them at patient pay advising the customer obviously. And at the same time, my other question was will the patients or the eligible participants that are under the account also be automatically changed? To patient pay.

Nadia Bouffard 1:05:35

Be sort of part of the process, so you'd have to look at your end to end process. But I mean you definitely want specific flags at the account level.

I don't see you sending Air Canada notification that they're being terminated because the sales Rep hasn't completed those negotiations.

Maria 1:05:46

Exactly, exactly. That's what I'm saying. We have to have some kind of OK flexibility.

Nadia Bouffard 1:05:51

Yeah. So you have categories and the categories trigger whatever behavior and process.

Maria 1:05:55

OK, perfect.
Thank you.

SJ **Syeda Rabia Jamil** 1:05:59
Yeah, there was also the requirement this type of requirement was mentioned in the requirement list for changing the end date for the complement when the contractual date is changed something.
So that definitely can be done but will require automation.

JA **Jas Atwal (Guest - Telus Health)** 1:06:18
I think Olivia has a question.

AL **Andrew Lypko (Guest - Telus Health)** 1:06:19
Yeah.

O **Olivia** 1:06:20
Thank you.

SJ **Syeda Rabia Jamil** 1:06:20
Yeah, please go ahead.

O **Olivia** 1:06:21
So thanks very much.
This is actually on the heels of Maria's question around contract expiry, or if we have a a client or a customer.
Excuse me, who's cancelling a contract?
Often times the booking team is not notified that a contract has expired or been cancelled.
And then what occurs is they will have booked a patient whether it is within.

SJ **Syeda Rabia Jamil** 1:06:44
Mm hmm.

O **Olivia** 1:06:50
Or just outside the cancellation or expiry date and then that patient believes that

they should be covered, right?

And so the booking team does not have this information to convey to the patient.

So is there going to be some way that we're able to?

Manage that communication through a trigger to the booking team and in addition to the patients that the status of the contract and therefore coverage has changed.

Maria 1:07:16

Yeah, Olivia, I'm just going to jump in here, just to clarify.

Olivia 1:07:18

Yeah.

Maria 1:07:19

So right now we have a trigger in ax for anything that's PHA that the coverage changes from. Let's say you're covered you become non covered. They go on the list. The call center will call any eligible participant that has an upcoming appointment to tell them your Your P.

Is no longer covered.

Do you still want to keep your appointment?

You're gonna have to pay out of pocket where it does not exist. And what you're referring to is in the in the case of the WBA, the well-being assessment.

Olivia 1:07:42

For the WBC, yes, thank you, Maria.

Maria 1:07:46

I just want to make that clarification because it does exist for PHA but it does not exist for WBA.

Olivia 1:07:47

Yeah.

Thank you, Maria.

Yes, I'm, I'm coming up this from the WBA perspective. I should have clarified.

Maria 1:07:56
Yeah.

Olivia 1:07:56
So thanks very much.

Jehangir Adil Vakil 1:08:02
Yeah, that's definitely possible.

Syeda Rabia Jamil 1:08:02
So basically.

Ali Maisum 1:08:02
Assures.

Syeda Rabia Jamil 1:08:05
Yeah, please go ahead.

Jehangir Adil Vakil 1:08:05
I just want to add that we have multiple.
We have the concept of teams in our system.
And we can have multiple members from your organization and different teams.
So you'll have your sales team.
You'll have your clinic team and maybe contract management team if that needs to be another team.
So all of those teams will have their respective tasks and the automation is definitely something we look into, but the portion of assigning those tasks and creating those tasks for those different teams visibility like you mentioned that the clinical team should have visibility when a contract is TER.
That can definitely be handled via that.
We can also have automated emails sent out to the particular team members if that's something that is a requirement as well, we can look into that as well.

Olivia 1:08:51
Thank you very much.

Bachir 1:09:00
I have a question, if you don't mind.

Syeda Rabia Jamil 1:09:00
OK.
So just to confirm, all these will be related to the expiry of these contracts.

Bachir 1:09:06
Right.
I have a questions to hear me.

Syeda Rabia Jamil 1:09:11
Mm hmm.

Olivia 1:09:11
Yeah, I just maybe the one thing I would note on these notes I'm seeing on the screen here is.
The booking team slash admin teams would need to be notified as well in the case of the well-being assessment.

Syeda Rabia Jamil 1:09:25
Booking team and what's the name of the second team?

Olivia 1:09:29
The booking team is fine.

Syeda Rabia Jamil 1:09:32
OK.

Olivia 1:09:32

From from our perspective, Maria, I don't is pH like PHA is the booking team right administrative team OK.

Maria 1:09:38
It's it's the booking team.

Nadia Bouffard 1:09:42
But would there be an interest in notifying the patient directly, or you always want to go through someone to contact them?

Syeda Rabia Jamil 1:09:42
OK so.

Nadia Bouffard 1:09:49
Because I mean, that would also be an option I'm assuming.
If desired, right?
Johan gear.
I mean, it could be a notification straight to the patient.

Andrew Lypko (Guest - Telus Health) 1:09:55
Well and also guys, we gotta try to think like future state too.
And you know, we wanna have patient led booking in the future.

Maria 1:10:01
Yeah.

Nadia Bouffard 1:10:03
2.

Andrew Lypko (Guest - Telus Health) 1:10:04
So it's not always gonna be a booking team.

Olivia 1:10:04
Right.
That's fair.

Yeah.

Yeah.

Nadia Bouffard 1:10:18

And have them accept it.

Maria 1:10:21

Yeah.

Syeda Rabia Jamil 1:10:24

OK.

So the emails that will be sent to either client or any team, what information will that contain related to the pricing and the contract?

Nadia Bouffard 1:10:37

So can they get back to us on that or?

Syeda Rabia Jamil 1:10:43

Yes, sure.

Andrew Lypko (Guest - Telus Health) 1:10:43

Sorry, can you repeat the question?

Sarah Mackay (Guest - Telus Health) 1:10:44

Yeah, that's enough.

Syeda Rabia Jamil 1:10:45

Yeah, I was asking what information will be included in the e-mail that will be sent to the clients or different teams or the patient.

Andrew Lypko (Guest - Telus Health) 1:10:54

Oh, I think we're.

Yeah, I don't.

We'd need to go through recalls and everything, but eventually we would it it.

Bachir 1:10:57
Mm hmm.
But.

Andrew Lypko (Guest - Telus Health) 1:11:01
Yeah, it'd be something notifying the patient.
I don't know exactly what it would be.

Ali Maisum 1:11:07
So I need.

Syeda Rabia Jamil 1:11:07
Yeah, because.

Jas Atwal (Guest - Telus Health) 1:11:07
Can we add you, Andrew on our side?

Ali Maisum 1:11:07
I need what we have is like.

Syeda Rabia Jamil 1:11:08
Mm hmm.

Andrew Lypko (Guest - Telus Health) 1:11:09
Yep.

Jas Atwal (Guest - Telus Health) 1:11:10
Can we just make a note that we need to build this out for them?

Andrew Lypko (Guest - Telus Health) 1:11:14
Yeah.

Jas Atwal (Guest - Telus Health) 1:11:16
Thanks.

Ali Maisum 1:11:17
Yeah.

Jehangir Adil Vakil 1:11:17
Yeah, I was.

Bachir 1:11:17
I have sorry.

Jehangir Adil Vakil 1:11:19
Sorry, but I should go.
And you were.

Bachir 1:11:20
Yeah. Yeah, it's, it's it's gonna be quick.
I mean, as as you can see, OK, the the workflow itself, OK as customs and might change.
From now, in the next year or something.
So I'm wondering is.
All all all this workflow like like you can see is is not static, it can it can change.
And it has to be dynamic.
So I'm wondering, is there a way or are you are you?
Are you planning planning to hard code this workflow in the back end or is it a way that a user can or a superuser can just say OK at at this event send do this and send e-mail this and this is a template of of the e-mail somet.
Like.
CRM or of Microsoft for instance.
I don't know if you got my point.

Jehangir Adil Vakil 1:12:18
So basically there are two.
Points or two ways I would like to go about this.
We would have some logic or some flow at the back end that would handle this automation depending on our discussions, but it would most probably be some sort

of power automate flow. Maybe that could handle this.

So if your superuser is someone who is technical and wanting to go into that flow and change something, then that is definitely one way of doing it.

Syeda Rabia Jamil   1:12:38

Mm hmm.

Jehangir Adil Vakil   1:12:47

Another way, and I would say a preferred way, would be to do that portion manually. So if for a particular client you have some tasks that needs to be created, you have some e-mail that needs to e-mail activity or maybe a task activity that you want the sales Rep to do for that particular client or unique case. They can just manually go into.

The system create that activity and assign it to the sales team, for example with whatever information they need to add to it, and that would automatically appear on that sales teams.

Dashboard as a new task to be performed.

Bachir   1:13:20

No, no, I understand.

Jehangir Adil Vakil   1:13:20

So.

Bachir   1:13:21

Manual site for that.

And what what really and and and hopefully this works but but my main concern is and I saw it in the last year, last few years, working with AIX is the requirements keep changing and and of course we are a business that actually developed and which is normal.

Jehangir Adil Vakil   1:13:23

Mm hmm.

Syeda Rabia Jamil 1:13:42

Good.

Bachir 1:13:44

Right. So there are new needs and there are new tasks to do to automate.

And it's it's very convenient to have.

An interface where a super user and well trained user can make those workflows directly from the interface.

By, for instance saying OK.

Once a contract is close to expire, send an e-mail to this person.

Notify this team send an e-mail.

In the e-mail put this information this, this, this and this, and which and then just by publishing that workflow it will be.

Up and running and save lot of times too many stakeholders.

Jehangir Adil Vakil 1:14:39

Yeah. So the screen you're referring to would be your power automate tool.

That is out-of-the-box tool for dynamics 365 power platform.

So based on that, you can definitely create a separate flow for an automated task for an automated process that you want to create and then have that integrated into the system.

Bachir 1:14:59

OK.

OK.

Very good.

So all the notes that you are taking today, as I saw in the notebook, it's a kind of a new task in the power flow platform, right?

Jehangir Adil Vakil 1:15:17

That is.

Bachir 1:15:17

It's it's not a hard code.

It's not a coding in in in the back end that you are that you're gonna start to do, right.

Jehangir Adil Vakil 1:15:22

That depends on the later on requirements as well.

Shakir Shabbir 1:15:24

Yeah. So basically power, power, power automate flows are basically low code, no code offline.

Jehangir Adil Vakil 1:15:24

So that needs to be something that's discussed.

Bachir 1:15:26

Yes.
Mm hmm.

Shakir Shabbir 1:15:33

So with with some or minimal training of a user, I mean would require some kind of training, but it is.
It is basically an interface where you drag and drop connectors where you drag and drop actions that you need to do.
And then you define it.
You still need to test it. There won't be any.
Kind of like formal X plus plus coding if then else, but there will be.
Connectors and actions that were defined how that flow is going to work.
So yes, it is customizable but with some form of training. And as far as the notes is concerned and everything, we will still have to like scope it out, whatever could be fit in the current product versus what we needs to be customized. OK.

Bachir 1:16:07

OK.
OK.
I got it. OK, super.

Larry Goldsmith 1:16:19

And and Bashir, we don't hardcode anything.

Bachir 1:16:19

Thank you.

Larry Goldsmith 1:16:23

Every everything would be configurable and things like that we don't.
We don't do any hard coding.

Bachir 1:16:28

OK, pretty good. Thank you, I'm reassured.

Larry Goldsmith 1:16:30

Sure.

Ali Maisum 1:16:33

So. So just just as a as an understanding of how things are right, we we would want to at least like if there are any defined flows that are supposed to happen, we would, we would appreciate if we can get those for example these certain requirements, right if.
A contract is about to expire already expired, so we set some sort of a date range and we say that you know six months before we can have that configurable. You know, you say you define months, weeks, days.
And we say and based on the definition.
We will send out a notification, an e-mail notification, generally right, and we can set that up, but you would need to understand the exact requirement and you would also need to understand for example, this is just one letter contract is is expiring.
Is there any other any other flows that you believe that you would need?
Let us know.
Yes. So that we can understand what the requirement would be and what fields and what data would be required from you.
To be able to achieve that, for example, the emails that are going to be sent out, we would need to understand what templates would be used.

Are these any templates?

That would be.

That would involve any sort of.

Marketing logos or anything that standardized between within tennis, right?

Are there going to be any?

Templates are going to be in different languages.

You would need those templates as well that we can populate those, right?

We would need.

Any anything that you know if you want to add any links to those templates that need to be defined, you know if the client wants to click on something and go somewhere.

So we need to understand all of those and expectations from that e-mail that's sent to the client or any other team for that matter.

That we can then understand what the what the complete requirement is.

So first of all we need the templates.

That's that's one, right, right.

Jehangir Adil Vakil 1:18:29

Yeah. And I'd go step before that to even have the whole flow properly defined and streamlined because as far as what we discussed, even on this particular cancellation, certain cancellation, termination or expiration of particular contract you mentioned different flows depending on the protocol or depending on the program.

That they are part of personal care or corporate care.

And then there was also the case that certain for a certain.

Stream a certain team has to be notified and for the other stream.

It's already handled and they are getting notified, but which team is getting notified needs to be properly defined.

So if we could have.

A flow for that, or basically understanding of what the requirements are on a total process level that would be helpful to us to map as well.

Basically the end to end process.

Nadia Bouffard 1:19:24

So yeah. So Johan, I think that's something that acquisitive team needs to go back with to do a first iteration just sort of to get us on the same page to see you know all

the bits and pieces that are missing. Just to clarify and then align with.
With Telus team, but I think that's part of.

Andrew Lypko (Guest - Telus Health)   1:19:41
Yeah. Thanks, Nadia.
I think that's exactly it.
And then once we have the environment set up, we can really start to hone in on the
process in the test environment like with some of the builds.

Nadia Bouffard   1:19:47
Mm hmm.

Andrew Lypko (Guest - Telus Health)   1:19:52
And refine the process of the requirements from there.
But that makes sense.

Jehangir Adil Vakil   1:20:00
Yeah, I agree.

Nadia Bouffard   1:20:00
So we'll have like.

Jehangir Adil Vakil   1:20:00
Definitely we would have multiple iterations for it to be revised and reviewed based
on the requirements, but an initial iteration would require some level of
understanding. As you can see right now in our notes that this screen is shared on,
we have 5 different activities that need to.

Nadia Bouffard   1:20:03
Mini.

Jehangir Adil Vakil   1:20:17
Be notified are those with respect to the flow. Should there be some segregation
with respect to. If it's corporate help, then the client should not be.
Notified or the billing team should not be notified. If it's executive, then these should

be so stuff like that and understandings like that on an initial level would help us create that first iteration.

Nadia Bouffard 1:20:38
OK.
Well, let's let's maybe let's maybe clarify something right here.

Jehangir Adil Vakil 1:20:39
On a standardized format.

Nadia Bouffard 1:20:42
I don't think it's business line related.
It's probably client related, so the fact that you're auto renewing the fact that you need to go through sales or the fact that you're being terminated is not based on the service line. It would probably be based on the account and how they've qualified or identified that account.
Right, Maria.
That's probably at that level.
Then who gets notified for what?
I mean, I think the idea is to streamline the process as much as possible.
So as soon as someone.
Finds them as soon as a patient finds themselves in a situation where they have a service book that is now terminated and they're no longer covered, irrespective of the business line, the flow should be the same thing, right?
And the same type of process, but what you're saying, Jehangir, is that in the case of this type of compliment, maybe it's Suzie's team that needs to be notified versus Nadia's team for another compliment.
Right. That's sort of where you're going.

Jehangir Adil Vakil 1:21:36
Precisely.

Nadia Bouffard 1:21:38
OK, OK.

Well, I think we need to take a first stab at it and then?
We'll get.

Syeda Rabia Jamil 1:21:47
Yeah. We would also like.
Sorry, Ali.

Ali Maisum 1:21:51
I just.
I just wanted to say that, you know, while we are on the idea of defining, defining these clients and the contracts, we will also need to understand that you know this, this would eventually existing existing contracts that we have.
Maybe it's a conversation for later, but existing contracts that we have in the system will then need to be translated to this sort of a format, right? So.
Maybe a data migration?
Would would that be through data migration?
Would how would we want to cater that?
That would be one of my questions and.
Yeah, I think I think that's that's pretty much.
We will definitely be providing you with templates for these, but if existing contracts need to be migrated, we will need to understand.
How that could be?

Nadia Bouffard 1:22:48
Are we?
Have we covered everything that was from for the session?
Like all the way to complement.

Syeda Rabia Jamil 1:22:55
Related to the requirements, it is covered.

Ali Maisum 1:22:57
No, no, no.

Nadia Bouffard 1:23:00
OK, because there are three other elements.

Syeda Rabia Jamil 1:23:00
Sorry, go ahead.

Nadia Bouffard 1:23:03
So for each session we want to keep in mind DM. So data migration, integration and security.
So data migration alley you've just addressed, that's good integration. We have a Salesforce integration here that needs to be addressed in that stream. And from a security access perspective, is there anything that we need to to clarify probably right in terms of who's able to, I don't know.
If we call this master data, I think so.
But it's probably the same people.
Who are doing it today and it it remains restricted to certain people, right?
Anything specific about security that we need to cover here?

Andrew Lypko (Guest - Telus Health) 1:23:40
Maybe this is one for the Telus team in in general.

Larry Goldsmith 1:23:41
So.

Andrew Lypko (Guest - Telus Health) 1:23:43
Are there security like role based access control good today working well for this contract process?
Do we need to modify it? Are there?
Are there?
Yeah, Maria, I don't know if you have any thoughts given your team managers. A lot of this.

Maria 1:24:02
Honestly, I don't know.

SM **Sarah Mackay (Guest - Telus Health)** 1:24:06
Do you feel you have enough access and enough access?
Do you wish you would be able to do more things that some people would be able to do less things?

M **Maria** 1:24:14
I would be. Well, I would like to do less things, actually, not more.

SM **Sarah Mackay (Guest - Telus Health)** 1:24:17
Well.

M **Maria** 1:24:20
So yes.

Nadia Bouffard 1:24:20
No access for Maria problems.

SM **Sarah Mackay (Guest - Telus Health)** 1:24:23
What?

M **Maria** 1:24:23
No. Like what I'm seeing here is a lot of stuff that we're currently doing like on a is gonna be automated. So that makes me. I'm really pleased with what I'm seeing.
Do we need additional accesses?
I'm trying to think in what case I would we would need additional accesses.

SM **Sarah Mackay (Guest - Telus Health)** 1:24:42
For Patana and Metalie, I don't know if you guys have any thoughts, but since you're taking care of a lot of financial stuff and pricing and all of that is there, do you have any thoughts on on that on security or or what you've seen here so far?

M **Maria** 1:24:58
No.

NB **Nathalie Bécasseau** 1:25:03
Not at the moment.

M **Maria** 1:25:04
MMM.

PT **Pathana Thavongsa (Invité)** 1:25:05
Yeah, not at the moment.

SM **Sarah Mackay (Guest - Telus Health)** 1:25:07
OK.

PT **Pathana Thavongsa (Invité)** 1:25:08
Maybe later, but for now, like it's more like a an overview so.

Ali Maisum 1:25:10
Yeah.
Meeting.

SM **Sarah Mackay (Guest - Telus Health)** 1:25:13
Well, you guys are gonna be more interested to Monday's session. It's the yeah.

PT **Pathana Thavongsa (Invité)** 1:25:18
Yeah, I guess so.

Ali Maisum 1:25:18
Yes, yes, that is where we need to.

NB **Nathalie Bécasseau** 1:25:22
But it's looking good so far.
I like what I see.

PT **Pathana Thavongsa (Invité)** 1:25:25
Yes. Same for me too.

Sarah Mackay (Guest - Telus Health) 1:25:27
Yes.

Nadia Bouffard 1:25:29
So as it currently stands.

Sarah Mackay (Guest - Telus Health) 1:25:29
And I don't know if you guys know this.
Sorry, they're just.
I don't know if you guys know this, but some of the requirements that you had are kind of out-of-the-box.

Nadia Bouffard 1:25:32
Good.

Sarah Mackay (Guest - Telus Health) 1:25:39
Already with the current version of the system, so that's kind of encouraging for for the future.

Nadia Bouffard 1:25:50
So, Bashir, do you guys have like a security matrix of of the roles and sort of access that they have?
Because what I'm understanding is that we would maintain current concept. The people who currently have access to do this in AX would maintain the capacity to do it.
We're not extending the the role to anyone else.

Maria 1:26:06
Can we have Nadia?
Just I'm sorry to jump in because I'm just thinking of something like right now. We have people in clinic that can make changes to patients that are under corporate accounts or anybody in the call center like can that be because I know right now it's all or nothing.
Kind of access.

So either they have access to change.

Anything under the patient account or we say they they don't have any access.

Can we do partial like meaning to say anything that's?

Pay. Go ahead, knock yourself out.

Have fun, but anything that's corporate covered, I don't want them playing in that because right now I'm seeing a we seeing errors that they and then the customer complaints and says, but this is not a person that's covered. Why are you sending me an invoice? Can we have?

Like that.

Partial access.

Nadia Bouffard 1:26:54

So would that be? Would that be based on the compliment 'cause?

I mean, we can have it.

We just need to understand how to sort of segregate it.

So would that be like at the complement level 'cause it in the compliment that you know you're covered for PHA and that would be like a no go you can't touch that?

Maria 1:27:09

Yes.

Nadia Bouffard 1:27:11

OK.

Which is kind of what you currently have, right?

The pro.

The compliment is broken into two the side that you can't touch and the side that's recall that you can touch.

Sarah Mackay (Guest - Telus Health) 1:27:21

Now everyone, if you can touch the compliment, you can change anything.

Nadia Bouffard 1:27:22

Is it?

Maria 1:27:25
That's it.

Sarah Mackay (Guest - Telus Health) 1:27:25
And that's the problem.

Nadia Bouffard 1:27:25
Oh.

Sarah Mackay (Guest - Telus Health) 1:27:27
But I I would go one step further, Maha and say that.

Veronique Lesage 1:27:27
Well, we have.
2.

Sarah Mackay (Guest - Telus Health) 1:27:33
Someone from call center or whatever in clinic cannot set a covered patient.
Like they can if it's an uncovered, they can do whatever they want, even if they put it
under an account, put it under an account if you want, but you cannot set them as
covered because that has to go through eligibility.

Maria 1:27:43
Yes.
Yes.

Nadia Bouffard 1:27:53
So cannot create a cover, cannot edit covered.
OK.

Maria 1:27:58
Yeah.

Nadia Bouffard 1:28:01

But cannot create or edit that complement only because the rest of the patient you can edit your demographics.

It's the coverage right that you don't want them touch it, OK?

SM **Sarah Mackay (Guest - Telus Health)** 1:28:07
Yes, yes, yes, the coverage.

M **Maria** 1:28:08
Just the coverage, just the coverage.

SM **Sarah Mackay (Guest - Telus Health)** 1:28:09
Like we don't want them to to be able to say that Nadia is covered under Telus when Nadia doesn't work for Telus, like you know, it's a.

Nadia Bouffard 1:28:11
OK.
It.

SM **Sarah Mackay (Guest - Telus Health)** 1:28:19
Stephanie.

S **Stephanie (Invité)** 1:28:24
Yes, two things on that I would.
So the sales team doesn't really have or need any access to compliments or patients really. But I was just wondering if there was would be we have right now the VVIP.
Option just to identify a a patient.
That would be a VVIP.
So I think that is maybe something that the sales team.
Would.
Need or would be nice for.

SM **Sarah Mackay (Guest - Telus Health)** 1:28:58
But where?
Where would they need to see that?

Maria 1:29:02

No, that I think she needs to know not to see.

Sarah Mackay (Guest - Telus Health) 1:29:02

If they don't need, yeah, never seen.

Maria 1:29:05

She wants to be able to identify somebody as a VVIP.

Stephanie (Invité) 1:29:07

Identify.

Yeah.

Nadia Bouffard 1:29:11

Somebody, a patient or somebody a client.

Maria 1:29:13

Somebody, a patient?

Stephanie (Invité) 1:29:14

Is somebody a patient?

Nadia Bouffard 1:29:16

Could we look at lists?

I'm not sure who's driving the screen.

Syeda Rabia Jamil 1:29:22

I'm hearing the screen which list, sorry.

Nadia Bouffard 1:29:24

OK, perfect. So if you can just lower your little notes, well, just a different list views.

Syeda Rabia Jamil 1:29:28

Mm hmm.

Nadia Bouffard 1:29:29
So here we're talking about the patient list.
So I don't if we have like a patient list. OK. So the Stephanie's question is some patients, they would want to be able to flag some patients as very, very important, important people.

Syeda Rabia Jamil 1:29:33
Yes.

Nadia Bouffard 1:29:42
So VVIP and usually sales do not have access necessarily to the patient list.

Syeda Rabia Jamil 1:29:42
Mm hmm.

Nadia Bouffard 1:29:48
So do you have access now, Steph?

Stephanie (Invité) 1:29:50
No, but I do.

Nadia Bouffard 1:29:51
No.

Stephanie (Invité) 1:29:52
But based on other, the sales team doesn't.

Nadia Bouffard 1:29:56
'Cause, you're special, OK?

Stephanie (Invité) 1:29:57
Because I'm special.
I'm glad you noticed.

Nadia Bouffard 1:30:00

So I don't know if there would be a, but then if you don't have access to patients, why would you need to know who's VVIP?

Sarah Mackay (Guest - Telus Health) 1:30:05

Well, that's that's that's why I'm confused too. If you can't see the patients.

Stephanie (Invité) 1:30:08

We have access.

Sorry, we we have access to patients right now.

We don't have editing rights to.

Maria 1:30:15

They don't have editing rights and I don't. I will. That's.

Nadia Bouffard 1:30:17

Ah, OK, OK, because this is the patient list, and if a flag is added for a VVIP because there is a concert, there is a concept of putting alerts on a patient record.

So the alert could be that you know this is person is avip.

So when you're inside the record, you would also see it.

It would pop up for everybody in clinic. Whoever's booking or whatever.

Stephanie (Invité) 1:30:33

Yeah, that would be.

That would be ideal.

Nadia Bouffard 1:30:36

Yeah, they usually show up at the top above their name above Tracy's stuff.

And if you go back to the list for a SEC, well then there would be a column, a VVIP column, and then you can filter or sort by that specific column just to see your VVIP people.

Syeda Rabia Jamil 1:30:43

Mm hmm.

Sorry.

Sarah Mackay (Guest - Telus Health) 1:30:51
But they wouldn't be able to edit the patients because.

Nadia Bouffard 1:30:54
No, no, no. No, no, no, no.

Sarah Mackay (Guest - Telus Health) 1:30:56
No, no, no.
I'm saying that to Stephanie because I mean, just for privacy and security reasons, a sales Rep doesn't not belong into a patient demographic chart.

Maria 1:31:05
No.

Nadia Bouffard 1:31:07
But they will be able to open it.
They will be open, open and see it.

Sarah Mackay (Guest - Telus Health) 1:31:09
Yeah, well, right now and I don't know.
Can they open Maya?
And we'll have to talk about, but it's.

Maria 1:31:14
Yes.
They could open it, but I don't think they.
I don't think they can.
They can't make changes.
That's for sure.

Sarah Mackay (Guest - Telus Health) 1:31:20
No, it doesn't. Yeah.

Stephanie (Invité) 1:31:21
That's for sure.

Nadia Bouffard 1:31:21
Well, that's fine. OK.

Maria 1:31:22
I don't know if they could open it a patient chart, so here they would be able to open it.

Sarah Mackay (Guest - Telus Health) 1:31:24
I don't know.

Nadia Bouffard 1:31:26
They would not be able to make changes based on the roles like like you're asking and let's say just open any patient record please. And once you're in there, let's say one of the tabs in there happens to be clinical information because there is some kind of result.
Integration that ends up coming here.
Well, that tab can be locked and it can be locked not only from sales. It can be locked from all admin people who don't.

Syeda Rabia Jamil 1:31:43
Mm hmm.

Stephanie (Invité) 1:31:45
Yeah, agreed.

Sarah Mackay (Guest - Telus Health) 1:31:46
OK.

Nadia Bouffard 1:31:46
Belong there.

Sarah Mackay (Guest - Telus Health) 1:31:47
Yeah, yeah. But we have not.

Nadia Bouffard 1:31:47
OK, the only thing that we would would not want is to go down to field level security.

Ali Maisum 1:31:48
So we've also.

Nadia Bouffard 1:31:54
Please. OK.

Sarah Mackay (Guest - Telus Health) 1:31:55
No, no, no for sure.
No, no.
It's just that, you know, I I don't. I just don't.

Ali Maisum 1:31:57
What we can also do is sorry what we can.
I don't believe that the sales Rep has has should be able to modify any patient. What we can also do is what we can also do is we can add a separate form based on the based on the the different teams setup, right.

Nadia Bouffard 1:32:05
Agreed. Agreed.

Sarah Mackay (Guest - Telus Health) 1:32:14
Maria, you're typing very, very loud.
Thank you.

Maria 1:32:17
I'm sorry.

Stephanie (Invité) 1:32:17
Very excessively, yeah.

Sarah Mackay (Guest - Telus Health) 1:32:19
Sorry, Ali, I couldn't hear you over the typing.

Ali Maisum 1:32:22
Sorry, So what else? What I was saying is that we can we can also like we can limit the forms as well instead of just tabs we can have separate. We can have separate forms that are that are facing towards to towards a particular team right so we.
Can create different forms as well within the patient, right?

Nathalie Bécasseau 1:32:41
Open.

Ali Maisum 1:32:43
So let's talk about a simple patient.
We can have limited limited fields.
On this form and we can simply limit that to a particular team.

Sarah Mackay (Guest - Telus Health) 1:32:52
Oh, OK.

Ali Maisum 1:32:53
That is possible, yes.

Nathalie Bécasseau 1:32:54
That's great.

Sarah Mackay (Guest - Telus Health) 1:32:55
Well, that's that's something.

Nadia Bouffard 1:32:56
Oh yeah, that's true. That's really cool.

Nathalie Bécasseau 1:32:58

That's cool, yeah.

Nadia Bouffard 1:32:59

So you have like a subset of what somebody else would have type thing.

Sarah Mackay (Guest - Telus Health) 1:32:59

No.

Stephanie (Invité) 1:33:04

Mm hmm.

Which is would be ideal because the let like they just need to see if the person's a patient or not.

Basically that's, that's what.

Nadia Bouffard 1:33:14

Yeah, so you wouldn't even have any of the other tabs.

Sarah Mackay (Guest - Telus Health) 1:33:14

Mm hmm.

Nadia Bouffard 1:33:16

You might just have a subset of a portion of the summary form type thing.

Stephanie (Invité) 1:33:22

'Cause the only thing that this sales team would share back with the client is the list of illegibles that we have on on file.

Sarah Mackay (Guest - Telus Health) 1:33:22

Yeah.

Stephanie (Invité) 1:33:31

So the less information they have, the less chance of error.

Sarah Mackay (Guest - Telus Health) 1:33:34

The better.

Yeah.

Andrew Lypko (Guest - Telus Health) 1:33:38

Sorry, just just in this view Alex had a question in the chat about flagging a patient's account and I see at the top we have MRN.

Or just back where you were.

Flagging a patient's account if the contract expires and they're no longer covered, so would that be possible too to create additional flag up there to say?

To make it really clear.

Jehangir Adil Vakil 1:34:02

Yeah. We could also manage it based on the patient status.

Syeda Rabia Jamil 1:34:02

Yeah.

Jehangir Adil Vakil 1:34:05

So if you have a particular status saying that are not covered or expired coverage, then we can have that as a status as well for that patient or that patient's compliment. If the patient has two to three compliments after which one is only expired.

So we can handle that on a compliment level as well.

Andrew Lypko (Guest - Telus Health) 1:34:23

Great. Does that cover Alex? What you were getting at?

Nadia Bouffard 1:34:31

So there's a yeah, it could be either the Jehangir or an alert once again, because at the top here I thought there were some limitations that were limited to displaying 4 pieces of info and sometimes depending the entity from which the information comes from, it might not be.

Feasible to display it?

Jehangir Adil Vakil 1:34:48
Yes, that is correct.

Nadia Bouffard 1:34:48
But here what you're saying, OK?
But here, if we're looking at a complement which is associated to Tracy Williams and let's say she has multiple complements, her PHA complement, I don't.
I'm not sure if it would be expired.
I don't think there's a concept of expired there, but.
Where does Alex want to show here again?

Jehangir Adil Vakil 1:35:07
We basically have these.

AL **Andrew Lypko (Guest - Telus Health)** 1:35:09
I think he's gone so we can clarify with him, but he just asked in the chat the chat if there's a way to flag on a patient record the status of their contract, the parent contract.

Jehangir Adil Vakil 1:35:10
Statuses.

Nadia Bouffard 1:35:20
Yeah, that sounds like personalized care, right?

AL **Andrew Lypko (Guest - Telus Health)** 1:35:24
Yeah, potentially. I don't, Amy, if if this if this is a need at all that you're aware of.

NB **Nathalie Bécasseau** 1:35:26
Yeah.

AD **Amy Doyle** 1:35:34
Yeah, maybe. I don't know.
I think I like the idea of the task like when we're inputting the contract details, we just

like set a task for ourselves. When that client turns 18, I think it's a good idea. If it's possible to flag there that they've so it's like aging out, right they.

Nadia Bouffard 1:35:38
Uh huh.

AD **Amy Doyle** 1:35:50
Age out of programs.
Currently, there's no kind of proactive way to track that right now.

NB **Nathalie Bécasseau** 1:35:57
That's true.

Nadia Bouffard 1:35:57
Or maybe instead of a status it could be like an expiry date.

AD **Amy Doyle** 1:36:02
Mm hmm.

Nadia Bouffard 1:36:04
Or anyways, what we're understanding is a flag when someone is either no longer covered.
All right, because they need to pay or close to expiring or something like that. OK.

AL **Andrew Lypko (Guest - Telus Health)** 1:36:09
Yeah.

SJ **Syeda Rabia Jamil** 1:36:10
Mm hmm.

AL **Andrew Lypko (Guest - Telus Health)** 1:36:13
Yeah.

Nadia Bouffard 1:36:18
OK.

Stephanie (Invité) 1:36:20

I had a second question, but it's more about.

The the clients, the sales team, they don't have access right now to changing the contacts in the client.

I think that's definitely something that the sales team should have.

Just able to.

You know the I now.

This is now my buyer.

This is now where who I speak to for eligibility or for.

Whatever.

For the the the topic, I think that's something that the sales team doesn't have right now that they should have.

Ali Maisum 1:36:58

And is the sales team going to be interacting with this system or will they be simply in sales force?

Stephanie (Invité) 1:37:06

They would be interacting with this system.

Ali Maisum 1:37:14

So if if they want if they have some limited access to to a particular.

Form or an entity, right?

We can.

We can do that.

Need to understand what?

Nadia Bouffard 1:37:25

Right. So can we go back?

Can we go back to the client account?

Syeda Rabia Jamil 1:37:29

Mm H.

Nadia Bouffard 1:37:31
There was a section I think for contacts somewhere in there.

Syeda Rabia Jamil 1:37:34
Yes.

Ali Maisum 1:37:35
Right there on the right.

Nadia Bouffard 1:37:36
On the right.

Ali Maisum 1:37:37
Yep.

Nadia Bouffard 1:37:39
So can we?
Is that like a quick create?
Can you do plus new or?
Plus new contacts.
OK. And then you have your contact type title first name, last name.
And then there's potentially a phone number or e-mail.

Stephanie (Invité) 1:38:00
Yeah, I think phone number would be more helpful than date of birth.

Nadia Bouffard 1:38:05
No, for sure.

Nathalie Bécasseau 1:38:07
And could we have?

Syeda Rabia Jamil 1:38:07
Yeah, that can be added for sure.

NB **Nathalie Bécasseau** 1:38:10

And could we have a receivable like a payable contact as well so that?

It would allow.

Our AR team to follow up with the right contact.

S **Stephanie (Invité)** 1:38:23

Yeah, that's exactly would be helpful.

For who manages?

Eligibility. Sorry, that's a tough word.

Who manages?

The payment or who receives the bill?

Who? Who's our HR director like? The more because again, I'm and I'm thinking about Salesforce as I was saying, we don't own the account in Salesforce tells healthcare centers.

Doesn't own the account in Salesforce, so there's a lot of contacts.

In Salesforce that aren't really, that don't really apply to either our business or the opposite.

So I think if unless somebody tells me the opposite, I think our our source of truth for the business should be the the system.

Nadia Bouffard 1:39:02

OK.

OK.

So not editing the actual account, but editing contacts. Having multiple contact types, but the contact form is standard for in all cases it's first name, last name, e-mail, phone, etc.

But for different types.

NB **Nathalie Bécasseau** 1:39:26

Yes.

S **Stephanie (Invité)** 1:39:27

Entitled yeah.

Nadia Bouffard 1:39:29

Other title yes, yes, their position that they hold at the company you mean?
Oh yeah, that's good. OK.

Stephanie (Invité) 1:39:32

Yeah.

Nadia Bouffard 1:39:39

OK.

Syeda Rabia Jamil 1:39:41

So I had a question related to the scenario that was just mentioned about different context managing different things like someone is going to manage the communication with the HR. Someone is going to manage the building so those will be different contacts or one contact. But we are respons.
For that.

Nadia Bouffard 1:40:01

No, it could be a small company that Nadia does all three types of contacts and then other companies you have, you know, different people or you could have multiple eligibility contacts right also.
So does that make a difference on our end?

Nathalie Bécasseau 1:40:14

Yeah.

Syeda Rabia Jamil 1:40:19

From the account side or the end patient side.

Nadia Bouffard 1:40:22

Yeah, so. So let's say it's a small company.
Let's say it's a small company.
And Nadia, that company is your single contact for everything. You would create Nadia. And can you assign multiple purposes to her?

Syeda Rabia Jamil   1:40:30

Mm H.

Not at the moment, but we can add the fields and the patient and.

Nadia Bouffard   1:40:38

Well, or have one purpose.

That's single contact, right?

So you know, that's the one person for everything. And in a larger and in a larger company, well natia's your eligibility contacts. Stephanie is your billing contact. Natalie is your HR contact that way?

Syeda Rabia Jamil   1:40:45

So we have.

So currently we have the category for the primary contact, just this one, and later on we can add different categories for the billing for the eligibility management and different type of contact categories.

Nadia Bouffard   1:41:12

OK.

So that would it make sense, Stephanie, then in a context where it's a small client with only one person, you only have a primary contact and you don't anyone else, right. OK.

Stephanie (Invité)   1:41:19

That that could be, yeah.

And then the primary contact may be the only patient and.

Nadia Bouffard   1:41:21

OK.

Stephanie (Invité)   1:41:27

That that could happen.

Nadia Bouffard   1:41:27

As somebody put something, contacts would be clinic specific.

Wait, hold on.

I just saw a Chuck pop up.

Sarah Mackay (Guest - Telus Health) 1:41:33

Well, I think Amy is.

Amy is a good question because if the B2C setup is different, we need to see that for personalized care.

Ali Maisum 1:41:37

Yes.

So so for B to C setup for personalized care.

Nadia Bouffard 1:41:45

Say that again.

Sarah Mackay (Guest - Telus Health) 1:41:47

For a consumer.

Ali Maisum 1:41:49

Yes, so, so, so there there's a bit of a difference aware, right, so from what we what we understood was that.

For the for the B2C setup, the clinic that the consumer is currently at would have a set of defined compliments that they would be offering and defined protocols.

And that right, So what we the the contact setup that we saw?

Would remain pretty much the same.

It will be now at A at a clinic level.

Let me just.

Give my screen.

Give me one minute.

Nadia Bouffard 1:42:24

OK.

So now we're now talking about contacts anymore. We're back to contract.

Ali Maisum 1:42:25
Oh yeah.

Sarah Mackay (Guest - Telus Health) 1:42:28
Yeah, we're we're back to creating an account for the consumer accounts.

Ali Maisum 1:42:28
Yes.

Sarah Mackay (Guest - Telus Health) 1:42:31
It's just because Amy asked the question.

Nadia Bouffard 1:42:32
OK, sorry I I misunderstood contract for contact so I was still blind.

Sarah Mackay (Guest - Telus Health) 1:42:33
And yeah, and yes, sorry, we we kind of jumped from from one subject to another.
But it's just because when I saw Amy's question and Ali's answer, I'm like, OK.
But we need to see that.

Nadia Bouffard 1:42:46
Yes.

Sarah Mackay (Guest - Telus Health) 1:42:46
So thank you, Amy.

Ali Maisum 1:42:51
Right. So, So what we what we did over here was that basically we set up, we set up a contract that was specific to.
Let's say tennis health Mike.
Toronto clinic, right?
And within that, we had our and within that we had our different.
We can have different complements defined, right?
So if it's, if it's defined by compliment, we can add that.

Can you just Scroll down for me?

Sorry, just curl up.

OK.

Yeah. So we can have a personal care compliment, right?

Personal care. Private patient.

SJ **Syeda Rabia Jamil** 1:43:30

So.

Ali Maisum 1:43:30

We can have a different complement over here, right?

And based based on this, we set up the entire contract against that particular
pinning.

Now we define all the different protocols that could go against that particular
compliment.

And so this is an internal sort of a contract.

So we assign.

This we make this call life right? So it goes live.

It's now set in the system.

Now every time a patient comes in the the process that currently exists within sales
force that you know we we tell them that this is these are the services that they're
going to get enrolled in.

These are the protocols that they're going to have. For example, if it's a personalized
assessment or a yearly assessment that they have, they we tell them that and this is
the contract they sign that contract and at that moment it's either through.

Again, integration with with sales force that we managed this.

And you know, once the opportunity has been won, we then create the patient in the
system and we associate that particular protocol to them, a vertical complement to
them, right.

Or this is currently this is done manually when with with the user goes in the system
creates patient, associates the the relevant complement to to to that patient and.

Starts the care journey.

Nadia Bouffard 1:44:50

So Sarah, is this what's comparable to your current clinic private account concept?

Ali Maisum 1:44:51

Accept.

Nadia Bouffard 1:44:57

Right.

Sarah Mackay (Guest - Telus Health) 1:44:58

Yeah, Will, will that work for for personalized care though?
The whole with the billing process that's different and all of that.

Ali Maisum 1:45:08

So so my assumption is that there will be special special prices being offered at that clinic, right?

Veronique Lesage 1:45:09

I'm not sure yet.

Ali Maisum 1:45:15

Maybe based on a certain certain.

Nadia Bouffard 1:45:19

Oh, 'cause. Sara. What you're is mentioning is that each patient can have its own pricing agreement.

Sarah Mackay (Guest - Telus Health) 1:45:25

Yes, yes, yes.

Ali Maisum 1:45:26

Oh ha.

Veronique Lesage 1:45:26

Right. We build a patient.
We don't build a. It's not like the cash account concept where we have the PhD under the clinic account and when the patient comes, it's booked under that account

and patient inherit the price. We book the patient directly as Bill to account and the compliment is also ***.

SM **Sarah Mackay (Guest - Telus Health)**   1:45:28
So.

Nadia Bouffard   1:45:32
Yeah.
Yes, yes, yes.

VL **Veronique Lesage**   1:45:44
To the patient and patient can have a special trade agreement directly to his account.

Nadia Bouffard   1:45:50
But Ali, this is good.
This might be needed this concept here, right?
But yeah, in the other case, the patient is also the client account.
They're the they're their own Air Canada.

SM **Sarah Mackay (Guest - Telus Health)**   1:46:03
But NAD do do you want? We we did the walkthrough.

Ali Maisum   1:46:03
Yeah. So.

SM **Sarah Mackay (Guest - Telus Health)**   1:46:08
This morning about the client account, but we did corporate accounts, so maybe we should do.
Monday morning, we should add that.

Nadia Bouffard   1:46:14
Briefed.

SM **Sarah Mackay (Guest - Telus Health)**   1:46:18
Patient, client, customer, whatever to our. Yeah. Yeah. Because we only did the

corporate and I think we're gonna miss something if we don't do these two as well so that they can understand what we mean by that.

Nadia Bouffard 1:46:21
Yeah, we'll do the private accounts and this thing here.
Enough. OK, the copeman.
OK.

SM Sarah Mackay (Guest - Telus Health) 1:46:34
Maybe we'll add the whole word for that part of the session.
She's better than me at that.

Nadia Bouffard 1:46:38
But Ali, this is good.
This is required, but just sleep on the fact that in there's a third case which is the patient has a contractual pricing agreement.

SM Sarah Mackay (Guest - Telus Health) 1:46:49
Yep.

Ali Maisum 1:46:49
OK.
OK, we we can we can talk about that. So SNY, that we were closing right now is that you know we've got set compliments with patients this could be I think Nadia memberships as well right. So the memberships would include a set of protocols or or it could.
Be a compliment specific membership that would include, yeah.

Nadia Bouffard 1:47:07
Yeah, they're compliment specific, but the beauty is this system is so flexible that there's something in me that tells me you can probably create the pricing agreement for the person and find a way to attach it to their compliment. So they could potentially be under this personal care.
Private patient account Nadia's there.
She has her compliment, and her compliment is attached to a special pricing

agreement.

Maybe I don't know.

We'll see.

Ali Maisum 1:47:30

Yes, let's let us see how that would translate and maybe we can show something for that later.

Nadia Bouffard 1:47:37

Lindsey has a question.

Correct.

Lindsey Oliver 1:47:41

I was.

I'm just still stuck on the contacts thing. I was waiting, so we were talking about contacts from a contract perspective, not like when we actually have them as an employer and we're starting in to like booking people in an employer portal, right. That's just the contract contacts.

Nadia Bouffard 1:47:54

Mm hmm.

So you're you're talking about like your requester type, your verbal type, who you give the those.

Lindsey Oliver 1:48:02

Yeah. Like we when we eventually get to OK, we've got the contract set up and I know these are different topics.

Nadia Bouffard 1:48:05

Mm hmm.

Lindsey Oliver 1:48:08

So when we get the contract set up, we'll have an employer portal.

We'll need different contacts set up in the employer portal to create new users.

Nadia Bouffard 1:48:13
Mm hmm.

Lindsey Oliver 1:48:17
All of those sorts of things, those will be separate contacts, right?

Nadia Bouffard 1:48:19
Well, they they might end up being in the right place, but when we get to that phase of the process, you'll say, well, OK, I need my contacts and OK, well, those things go there and we just need more purposes in the setup that we have type thing.

Lindsey Oliver 1:48:29
Sure. OK. All right.

Stephanie (Invité) 1:48:30
But I'm just thinking, for reporting purposes, Lindsey.
I think it would be helpful that they would be in the contacts under the account because if we're pulling a list because we're doing a mass e-mail or whatever, we creative thing we decide to do, if we want to pull a list, I think they would need to. Live all in the in the contact section of the the account.

Syeda Rabia Jamil 1:48:57
Yeah.

Lindsey Oliver 1:48:57
I think, yeah.
And I think I think it'll depend on the purpose is kind of where I'm getting to.
So, like, we're talking about a contract level, the people on an 0 for example. Again, the people with, oh, they don't care what is going on with contract. They just need to get somebody hired or they just need to get an A and D test results or that.

Nadia Bouffard 1:49:02
Mm hmm.

Stephanie (Invité) 1:49:16

But it's not, it's not.

Lindsey Oliver 1:49:16

Sort of thing.

Stephanie (Invité) 1:49:17

I would put all the and and we would just need to define what the contact is for, but it would be for either for the contract or for eligibility or for payment or for results or like I I think we just need to define all of them in.

Lindsey Oliver 1:49:32

Right.

Stephanie (Invité) 1:49:34

The contacts, I think that's the to me, that's the the best way of doing it.

Lindsey Oliver 1:49:39

And and then, sorry, Andrew, what?

Nadia Bouffard 1:49:40

Yeah. Agree.

Lindsey Oliver 1:49:41

Also, what would happen if we have like so we have per Vale? Again I'll use them as an example.
Depending on the circumstance or what the type of result is, then their results contact so I don't have one results contact for valet. I have like legitimately probably 25.

Stephanie (Invité) 1:49:55

Yeah.
Yeah.

Nadia Bouffard 1:49:59

Well, if you can find the the logic I mean the question is linking it to the right thing, right?

Lindsey Oliver 1:50:03

OK.

Nadia Bouffard 1:50:04

So if the audiograms go to Susie, well, then she, then we need to associate it at that level of detail. If that protocol goes to Susie, then it's another layer. So just keep that in mind.

Lindsey Oliver 1:50:05

OK.
Sure.
Makes sense?

Nadia Bouffard 1:50:18

Yep. And maybe they all roll up to the contact, to Stephanie's point, a contact is a contact is a contact.

Lindsey Oliver 1:50:18

Thank you.

Nadia Bouffard 1:50:24

So I mean, maybe they can all roll up. So you see it at the contract level or something?
Sorry, Andrew.

Andrew Lypko (Guest - Telus Health) 1:50:30

No problem.

Lindsey Oliver 1:50:30

Thank you.

Andrew Lypko (Guest - Telus Health)   1:50:31

Now I'm flipping back to to the B to C personal care side of things.

One of the things I just don't wanna lose sight of when we're looking at what?

The what?

The flow would be for that is, as Amy said, there's a few different avenues for patients to come on.

And one of them is through our website.

And right now we have a form, a tool that gathers some of the key information, which then is triaged by Amy's team.

And I'm wondering if the mazik care solution has a similar kind of concept of front end form where patients can express interest or sign up for the portal at that point.

And be presented with a list of products and services that they are interested in, like a little menu.

They select that and what the contract would look like via that flow. So just don't don't want to look at like status quo of what we're doing today.

I really want to focus on some of the requirements of the future state and looking at that onboarding flow, patient led onboarding flow.

Nadia Bouffard   1:51:35

So what you're saying is that they're on the website, they continue to go there?

All the information is there.

They click on it and you would want that redirected somewhere else, right?

Like in the system to start initiating an automated enrollment process of some kind, right?

Andrew Lypko (Guest - Telus Health)   1:51:48

Exactly which then feeds into the contract the the final details.

But but that would be one of one of the avenues that patients could could do and we do have a flow set up like that. Today. We have one clinic using pomelo for online booking and it's for IV therapy.

They're able to go onto the website, select the service.

And and kinda go through that onboarding process so I can share some of those details, but it would, it would be similar so.

I don't know, Amy, if you have anything to add on to that, but.

Nadia Bouffard 1:52:19

Hey.

Andrew Lypko (Guest - Telus Health) 1:52:22

I think we need to think of those flows too, where.

Nadia Bouffard 1:52:27

So I've regrouped that under the integration category Salesforce market. No Salesforce CRM.
Bidirectional with what we discussed, Salesforce marketing cloud for private sales.

Andrew Lypko (Guest - Telus Health) 1:52:34

Yeah.

Nadia Bouffard 1:52:40

What do we do with Alex's enrollment tool?
We need to think about that and then your website also, right?

Andrew Lypko (Guest - Telus Health) 1:52:43

Exactly. Yeah, yeah.

Nadia Bouffard 1:52:48

Redirecting it might not be integration, but let's just put it in that.

Andrew Lypko (Guest - Telus Health) 1:52:48

Yeah.

Nadia Bouffard 1:52:52

Bundle OK.
But besides that, Amy, when patients are either in clinic or send you an e-mail, does that convert into either something on Alex's enrollment tool?
Or you send them a link to something. Yeah, OK.

Amy Doyle 1:53:06

Yeah.

I think maybe what Andrew's trying to express and I totally agree.

I think there's two different avenues. So there's the membership sign up and sales.

So that goes through a sales team like enrollment that goes through Salesforce.

So any leads that come through like organically over the phone, we have to input into Salesforce for reporting purposes. But what happens is clinics have different avenues of revenue streams. So they don't necessarily have to talk to anybody from sales.

So this is IV vitamins.

Nadia Bouffard   1:53:34
MMM.

Amy Doyle   1:53:35
This is the cvac machines.

Bone density.

So multiple different avenues I can and diet upsells are like follow up appointments.

We actively use like Pamela as a system.

So what Andrew was saying is they just go on to the website, click a link and they can book an appointment.

Super easy that gets billed then through the clinic at a clinic level.

After their appointment by clinic staff.

Through ax.

So there's a little bit of a little bit of a, a complexity when we come to the B to C.

Kinda divided into like memberships and then like ad hoc fee for service.

Nadia Bouffard   1:54:15
So do they need an account on the pomelo or no?

Amy Doyle   1:54:19
Yep. So they create the account when they click on the link to book, yeah.

Nadia Bouffard   1:54:21
OK. OK. OK.

So once again that link could redirect to the new client portal.

AD **Amy Doyle** 1:54:28

Exactly.

AL **Andrew Lypko (Guest - Telus Health)** 1:54:28

Yeah, that's what I'm thinking. Yeah.

Nadia Bouffard 1:54:29

OK, OK, OK. OK.

AD **Amy Doyle** 1:54:30

Have good idea?

Nadia Bouffard 1:54:33

Yeah. And when that happens, there's always a big consideration. Also, is migrating patients from an existing portal to another one.
Usually you have to start over again.

AL **Andrew Lypko (Guest - Telus Health)** 1:54:43

Yeah, we pause.
We hit pause on the pomelo. It only used in certain areas, but the reason was we wanted to understand what this patient portal would offer and and likely move everything there so.

Nadia Bouffard 1:54:56

OK.

SJ **Syeda Rabia Jamil** 1:54:57

Yeah, there's a slight difference in the working of patient portal that mazik care is providing, so.
The concept of open opening of this patient portal to all the patients which are not resistors yet in the care care coordination. So we don't let any patient that is not already created in the the coordination to access the patient portal they first need to be in the.
Care coordination and then the invitation and the activation process starts from

there.

So that is a a slight concerning thing that I think we need a discussion on in great detail.

Nadia Bouffard 1:55:40
OK.
So right now you need to be invited to the portal.
You can't just sign on like that, OK?

Syeda Rabia Jamil 1:55:43
Yeah. Yes, it is not open.

Ali Maisum 1:55:43
Yes. Yeah.

Syeda Rabia Jamil 1:55:45
Go to.

Ali Maisum 1:55:46
And and and I think we need to talk talk about volumes here as well as in how many patients do just you know they just want to get information and how many patients actually do get onboarded. So if it's if it's 10,000, people are just looking for.

Nadia Bouffard 1:55:46
OK.

Ali Maisum 1:55:59
Information and out of that 200 or 300 are getting onboarded then that's that means that we are creating a lot of a lot of data in the system where we're creating a lot of excess.
To that portal that is not required if if we do give that sort of public level of access to the portal, right?

Nadia Bouffard 1:56:13
Hmm.

Ali Maisum 1:56:21

So we need to understand that in order to actually get to what the requirement would be, we need to understand what the volumes are, how many opportunities are actually one and and so on.

Andrew Lypko (Guest - Telus Health) 1:56:32

It's hard to say because we don't really offer it anywhere except for one clinic in specific example.
So we don't really have that data, but we we could take that one offline to work through what it looks like, what that could look like in more details and some of the requirements associated with it.

Nadia Bouffard 1:56:50

OK.

Ali Maisum 1:56:51

Thank you.

Nadia Bouffard 1:56:52

And this concludes today's session right on time.
This was great.
I mean, I hope this is more aligned with what we're looking to accomplish.

Maria 1:56:59

Yeah.

Andrew Lypko (Guest - Telus Health) 1:57:04

Yeah. Thanks Steve.
I don't know if like, feel free to say, but drop us lines on feedback, but I think this was much better a way to go through the workshop and see it and then add our add our feedback on top of what's out-of-the-box.
So thank you so much to the Quisitive team.
That was really, really well done.

Maria 1:57:21

No, I totally agree.

I'm sure I'm starting to see the picture, but I think what I'm I'm gonna need. I'm talking for myself is like once we've gone through all the workshops is really see the end to end process like so you get a contract.

This is what you do.

This is this is what the Rep does, I think.

Like now it's all split up, which is good.

But once, like we're done all the workshops, I think seeing the end to end process with all the requirements that we've asked for, I think is gonna help.

Andrew Lypko (Guest - Telus Health) 1:57:51

Yeah, definitely. 2 will kind of go hand in hand like the change management process and the standard operating procedures and all of that will the business processes with the system.

Maria 1:57:55

No.

Andrew Lypko (Guest - Telus Health) 1:58:01

That's the final state that we're heading towards, yeah.

Ali Maisum 1:58:03

So. So our idea is that as as you progress through these workshops and the sessions that we are going to have, right, the requirements specific to those particular areas of the business, we'll try and show you how that's being mapped in the system. So that you can at.

Sarah Mackay (Guest - Telus Health) 1:58:10

OK.

Ali Maisum 1:58:19

Least see what out-of-the-box functionality is available for all of this, right?

Similar to how we show it today, right?

So it's it's that is that is the general idea of the plan.

I think that's that's a more interactive session for the business as well. They can get a general understanding of how the system is going to look like, what it's going to behave like and what what other additional requirements, additional fields or different types of forms or security needs.

Or or any other sort of these requirements that you might have. You can then just keep on telling us that you know that this is something that we feel like is going to be.

On top of what you've already shown us, so we would encourage that, you know, we keep on making decision as interactive as possible and you let us know if there are additional additional information that you want to see at a client level at addition, additional information you want.

Nadia Bouffard 1:59:07
Mm hmm.

Ali Maisum 1:59:15
To see based on your understanding of how we have defined a contract and so on.

Nadia Bouffard 1:59:22
All right.
Well, thank you very much guys and have a great weekend.

Ali Maisum 1:59:25
Thank you.
Thank you. Bye.

Nadia Bouffard 1:59:26
Talk to you Monday.

SM Sarah Mackay (Guest - Telus Health) 1:59:26
Thank you.

AL Andrew Lypko (Guest - Telus Health) 1:59:27
Have a great weekend. Bye everyone. Bye.

Syeda Rabia Jamil 1:59:28
Thank you.

Sarah Mackay (Guest - Telus Health) 1:59:28
Thank you.

Nadia Bouffard 1:59:28
Thanks atul.

Pathana Thavongsa (Invité) 1:59:29
Thank you.

Nadia Bouffard 1:59:29
Bye bye.

Samantha Walsworth (Guest - Telus Health) 1:59:31
Thank you.

Syeda Rabia Jamil 1:59:31
Bye.

Sarah Mackay (Guest - Telus Health) 1:59:31
Bye.

Jehangir Adil Vakil 1:59:33
Thank you.
Bye bye.

◉ **Faiza Jawed Khan** stopped transcription