## Go-Live Plan

## ∨ Overview

Kay Al is already pre-configured for your clinic: **Stable/Watch** signals stay with the patient (they receive **tailored skills, community support, and real-time interventions**), while **High/Crisis** events are the only items that reach clinicians—**High** in calm **AM/PM digests**, **Crisis** immediately. With this design, you get the upside of **24–72h early-warning forecasts** without adding noise or headcount.

This 6-week plan is a clear path to value: stand up one service line, verify safety and workload, and prove outcomes you care about—engagement, SLAs, no-show reduction, early ED/readmit trends, and billable between-visit care (where covered). It's light on meetings, heavy on automation and measurement, and built for provider sanity: snapshot-first sessions, two digests a day, and quiet hours honored.

What follows outlines exactly how we **verify**, **launch**, **optimize**, **and scale**—with success criteria agreed up front and an executive readout in Week 6. The goal isn't just to "turn Kay on," but to **operationalize prevention** in a way your teams can sustain—and your CFO can love.

Week	Objectives
Week 0: Verify & Align (2–3 days)	<ul> <li>Sanity-check routing (Stable/Watch patient-only; High in digests; Crisis immediate).</li> <li>Confirm digest windows and quiet hours.</li> <li>Pull baselines (no-show rate, MH ED/1,000, 30-day readmits, engagement).</li> <li>Agree on targets and success criteria (see "Pilot Outcomes" below).</li> <li>Output: Go-live checklist, KPI baseline snapshot.</li> </ul>
Week 1: Shadow & Train	<ul> <li>24–48h "shadow mode" to confirm alert volumes &amp; SLAs (providers observe, no action).</li> <li>One 60-minute provider session: inbox flow, one-tap actions, documentation → exports, Crisis protocol.</li> <li>In-app onboarding page for patients: how Kay helps, what triggers reach the provider.</li> <li>Output: SOP v1 (provider-direct), training deck + quick-ref.</li> </ul>
Week 2: Soft Launch (25–50 patients)	<ul> <li>Enroll first cohort; providers work two digests/day (AM/PM).</li> <li>Light touchpoints: two 15-minute huddles this week with a Clinical Champion (threshold tuning, export check).</li> <li>Validate payer-ready exports when providers act on High/Crisis.</li> <li>Output: First documented provider actions; export validation complete.</li> </ul>
Week 3: Full Pilot Cohort	<ul> <li>Scale to full pilot panel (100–300 patients across 3–5 providers).</li> <li>Maintain two 15-minute champion touchpoints this week, then step down.</li> <li>Focus on SLAs and engagement; tune thresholds to keep noise low.</li> </ul>

	Targets by end of Week 3: ≥60% weekly check-in engagement • 100% Crisis same-day • ≥85% High in <24h.
Week 4: Optimize & Bill	<ul> <li>Apply small threshold tweaks to reduce false positives.</li> <li>Submit first claims (where policies allow): 99484; 99492–99494/G2214; 99421–99423; 98980–98981.</li> <li>Confirm snapshot-first workflow is used before sessions.</li> <li>Output: First month of billable between-visit care documented (as covered).</li> </ul>
Week 5: Harden & Standardize	<ul> <li>Lock SOP v1.2 (escalation ladder, quiet hours, "Request Support" → High, documentation).</li> <li>Step down to weekly 15-min (or biweekly 30-min) champion sync.</li> <li>Package the audit bundle (monthly summaries, time logs, export specs).</li> <li>Output: Audit-ready packet; final KPI definition sheet.</li> </ul>
Week 6: Readout & Scale	<ul> <li>Exec readout: engagement, SLAs, forecast hit-rate, no-show delta, early ED/readmit trend, realized revenue, "save" stories.</li> <li>Decide expansion (next service line/site; panel ramp plan).</li> <li>Output: Scale plan + quarterly targets.</li> </ul>

For any inquiries on this workflow, reach out to:

Dr. Lauren Brand Chief Clinical Officer

lbrand@kindpath.health