

The Future of Healthcare is Transformative

Turning Pain Points into Progress

How health organizations can overcome key obstacles to automate administration and build proactive, long-range plans for growth.

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Turning Pain Points into Progress

Previously, we discussed the case for modernization in healthcare. Here, we focus on the how: a more in-depth look examining how organizations can overcome key obstacles to automate administration and build proactive, long-range plans for growth.

Large healthcare projects are difficult to execute: they go through years of approval cycles and multiple rounds of elected officials – and by the time they are executed, inflation costs have blown budgets and the tools are outdated.

Across Canada, health system reporting continues to highlight growing pressures on cost, access, and system coordination, reinforcing the need for sustained modernization efforts.^[i]

This is easier to advocate than accomplish, and healthcare organizations have real obstacles to progress that make modernization seem beyond reach.

There's a way forward.

Working step by step with a trusted partner, organizations don't need to treat modernization as a monolith. By identifying pain points and practical improvements along the way, we can control costs, responsibly integrate with legacy technology through interoperability and FHIR standards, and improve the employee experience with process improvement and automation.



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The obstacle: Essential and immobile legacy systems

In an ideal world, modernization starts from a blank sheet of paper, creating a new system to meet the needs of residents and organizations.

But all jurisdictions bring their own unique history and technical debt. These aging infrastructures may be deeply embedded in daily workflows and essential to ongoing operations. Mainframe-based claims systems, for example, have been inherited by many administrators as the system of record for high-volume transaction processing.

As a result, modernization efforts must consider the ongoing role (and carrying cost) of legacy technology.

The answer: Extend value from existing systems

The first steps of modernization don't need to replace core systems: a modular, SaaS-based platform can be introduced incrementally, driving value from day one.

Jurisdictions can adopt selected capabilities, such as analytics, automation modules, or provider digital services, while maintaining mainframe or other legacy systems.

- Cloud-based capabilities extend digital services into online portals, improving usability and citizen confidence.
- FHIR-compatible architecture improves interoperability and analytics capability.
- Data analytics reveal potential errors and fraud in existing data allowing for insightful prioritization of future improvement opportunities.

With configurable environments, modern SaaS platforms like Medigent let jurisdictions extend the life of their foundational technology, while bringing value-add enhancements.

The obstacle: Up-front financial impact

Rising healthcare expenditures and ongoing cost pressures are driving increased scrutiny on system efficiency and value for money across jurisdictions. Although modernization offers cost-efficiencies with each transaction, organizations may lack the resources to completely transform their systems, before recouping that investment.

As a result, decision makers view modernization as costly, complex, and resource intensive, fearing major up-front investments. They may also perceive a high level of risk when implementing changes to core services.

The answer: Build for the future with load-bearing modernization

Rather than completely modernizing your entire claims system, jurisdictions can take a phased approach. By deploying new automation, analytics, and fraud reduction, you can generate efficiencies today and investable savings for tomorrow.

This is in line with emerging digital standards that emphasize iterative approaches: start small, scale over time, and leverage open standards to modernize systems incrementally.^[iii] It also adds the benefit of mitigating risk by distributing updates across a manageable timeframe.

In addition to avoiding large upfront capital expenditures, a staged modernization brings cost predictability and efficiency. As automation increases, jurisdictions reduce administrative cost per transaction and maintain staffing levels as claim volumes grow. Enhanced analytics and cross-program visibility also support earlier identification of abnormal billing patterns and emerging utilization trends.

Public sector audits have identified limitations in existing systems' ability to detect and prevent inappropriate billing patterns.^[iii] Even modest reductions in these inappropriate payments can generate significant savings.

Additionally, modern SaaS platforms like Medigent offer flexible licensing aligned to predictable consumption, with annual budgeting certainty. This frees jurisdictions of any size to consider a modernization program that fits their population.



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The obstacle: Employee burnout and lack of readiness

Dedicated administrators are the lifeblood of any healthcare organization. But workforce data continues to show significant pressures across the health system, including staffing shortages and growing workload demands.^[iv] Our health systems are increasingly relying on overtime and non-traditional staffing approaches, underscoring the need for more sustainable operating models.^[v]

Employees may also fear the impacts of automation on their role, especially in specialized or unionized workforces.

Public sector employee engagement is essential to innovation and successful transformation,^[vi] but overstretched programs are leaving teams exhausted and alienated.

The answer: Embrace automation for efficient and employee-friendly systems

Modern SaaS programs strengthen program integrity by combining predictive analytics, intelligent automation, and human-in-the-loop quality assurance to detect errors, inconsistencies, and potential fraud before benefits are issued.

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but overstretched programs are leaving teams exhausted and alienated.

Automating enrolment and eligibility improves accuracy, reduces denied claims, and creates a more seamless process across registration, renewal, and repayment.

The benefit to beneficiaries is clear, but these enhancements also improve the employee experience.

By transferring the high-volume daily churn to automation, employees are empowered to dedicate time to help the people where it makes the most difference.

Combined with a thoughtful, well-timed change management strategy and program modernization roll out, this helps reduce burnout and improve engagement.

With Medigent, for example, automation rules draw on real operations data to reduce incorrect payments and enforce payer-of-last-resort rules. Employees can be engaged to help apply these rules, and once deployed, they have continuous insight into workflows to validate automation results.

Automating claim cycles doesn't remove humans from the process: it frees employees to concentrate on complex cases and actions that improve the beneficiary experience.

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to dedicate time to help the people where it makes the most difference.

A Solution-Driven Mindset

Is modernization feasible for any jurisdiction?

Yes, but only by first understanding your obstacles. The examples in this paper are common, but not universal pain points that prevent some leaders from taking their first steps to modernization. Other perceived obstacles could include legislative regulations, data security/sovereignty, perceived risk of project failure, and the need for interoperability.

These problems are surmountable because health modernization is not just about technology. It's about applying that technology with wisdom and insight, and experienced modernization partners, in an approach that works for real people and real organizations.

By focusing on tangible, incremental improvements, healthcare organizations move beyond systemic constraints and position themselves for sustainable, long-term transformation.



By first understanding your obstacles, modernization is feasible for any jurisdiction.

Delivered by Canadians. Powered by Experience.

Alain Tremblay, Vice President, Product, leads the ongoing growth of Medigent, the best-in-class suite of health administration, claims automation and adjudication modules. Under his guidance, the Maximus Product Division helps jurisdictions modernize their healthcare systems by integrating Medigent into their unique health environments, supported by continued innovation and end-to-end customer care.



Contact

Alain Tremblay
National Vice President, Product Division
Maximus Canada
alain.tremblay@maximuscanada.ca
www.medigent.ca

About Maximus Canada

Maximus Canada helps move people, technology, and government forward. It manages, modernizes, and expands public programs, with a focus on customer experience services, technology & consulting services, and health services. Driving their results is a citizen-centric approach, which is paired with modern digital solutions to reveal new efficiencies and improve the citizen experience.

About Medigent®

Medigent is the leading cloud-based solution to modernize health administration automation and is wholly owned by Maximus Canada. Learn more; visit: www.medigent.ca

Sources

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- iii [Oversight of Physician Billing](#) | Office of the Auditor General of Ontario
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