Behavioral Health Business

VOICES

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This article is sponsored by Valant. As demand grows for higher-acuity behavioral health services, providers are doubling down on intensive outpatient programs (IOP) and partial hospitalization programs (PHP) to close critical care gaps. From workforce strategy to AI integration, the stakes are high, and so are the opportunities for providers that can deliver scalable, high-quality care. In this Voices interview, Behavioral Health Business speaks with Ram Krishnan, CEO of Valant, about the macro forces driving IOP/PHP innovation, the role of purpose-built technology, and how organizations can position themselves for long-term success.

Editor's note: This interview has been edited for length and clarity.

Valant equips behavioral health providers with the specialized EHR tools they need to provide quality care, reduce administrative burden, and put growth into practice. From outpatient services to Intensive Outpatient Programs and Partial Hospitalization Programs, Valant's integrated platform streamlines everything from scheduling and AI-generated documentation to billing and outcomes tracking—helping thousands of providers work smarter, care better, and grow faster.
To learn more, please visit **www.valant.io.**

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Q: Behavioral Health Business:
What life and career experiences have most shaped your approach to your work today?

Ram Krishnan: Going all the way back to my undergraduate degree in systems engineering, I've always looked at the world through a systems lens. It keeps me focused on understanding how things fit together and how you can design and improve systems to deliver better outcomes. That foundation still shapes how I think about leading teams and building companies today.

Most of my career has been in health care—both inpatient and outpatient—and across health care delivery systems around the world. Health care is an industry where the purpose is clear, and you can see and personally experience the impact every day. I've worked outside of health care too, and that contrast made it obvious how much more meaningful the work feels when the purpose hits so close to home.

Over time, I've learned, both as an operator and a technology leader, that technology in itself doesn't create transformation. It must be paired with purpose. When technology is used to enable process change and is guided by strong leadership, the outcomes are truly unmatched. So even at Valant, when we talk to customers, we really try to hone in on the problems our providers and practice owners are trying to solve.

Q: Behavioral Health Business:
What macro forces are driving renewed investment and innovation in IOP/PHP today?

Krishnan: Rising patient acuity has made it clear that outpatient care alone is no longer sufficient for many individuals today. In response, payers and providers are increasingly focused on closing the gap between outpatient and inpatient levels of care. Growing reimbursement support for Intensive Outpatient Programs (IOP) and Partial Hospitalization Programs (PHP) is creating strong incentives to expand access to these critical services.

Heightened public awareness of mental health, accelerated by the pandemic and its impact on youth and working adults, has further fueled demand for comprehensive, flexible care options. Fortunately, technology is catching up to the complexity of behavioral health, enabling programs to operate more efficiently while maintaining, and even improving, patient outcomes.

Q: Behavioral Health Business:

What role does technology — specifically AI — play in helping providers deliver high-quality, scalable IOP/PHP care?

Krishnan: As you scale any business, particularly IOP programs, ensuring that your processes and compliance protocols scale effectively can be a challenge. As you diversify patient populations, you also diversify payer types and mix. As you diversify services, you diversify provider types.

That scale becomes difficult to manage without technology as an aid to ensure the correct processes are being followed. AI can support concise, high-quality documentation while improving your success rate in an audit. It can help ensure you've matched the right codes for the procedure and payer. It can give you immediate assessments of your utilization risks across the client base. It can even help you understand why claims fail and guide you in building rules to prevent that from happening again.

Along the way, the right analytics ensure that you're identifying risks—clinical, quality, compliance, or financial—and enable you to act on them quickly. Ultimately, AI isn't about replacing the human side of care; it's about deepening it, freeing clinicians to focus on people while allowing technology to ensure accuracy, accountability, and compliance remain intact.

Q: Behavioral Health Business:

What are the biggest challenges providers face when launching or scaling an IOP/PHP program, and how can they overcome them?

Krishnan: Launching or scaling an IOP/PHP program comes with several core challenges: attracting the right patients, hiring and retaining qualified staff, navigating complex payer requirements, getting paid accurately and on time, and maintaining compliance across sites. Many providers struggle to balance growth with quality, consistency, and financial sustainability. As the program grows, so does the impact of that imbalance.

The key is having a clear plan, well-defined workflows, and the right technology partners to keep those processes under control as you scale. When workflows are mapped, measurable, and supported by the right tools, including AI, providers can ensure consistent utilization review, documentation, accurate coding, timely reimbursement, and reliable compliance oversight, all while freeing staff to focus on patient connection and care.

Q: Behavioral Health Business:

What are the most common reasons IOP/ PHP programs fail or succeed?

Krishnan: IOP/PHP programs often fail when systems are fragmented, documentation is inconsistent, or outcomes and utilization data aren't effectively tracked. Without a cohesive operational foundation, programs struggle to meet payer requirements, leading to denied claims, lost revenue, and staff burnout. When care delivery and business operations run in silos, even clinically strong programs can become unsustainable.

By contrast, successful programs are built on strong leadership, a consistent clinical model, and technology that unites the entire workflow, from intake through discharge. The programs that thrive combine clinical excellence with operational discipline. They use structured workflows to ensure every step is complete and compliant, automate billing and scheduling to reduce costly errors, and make utilization review the backbone of compliance rather than a scramble at audit time.

This is where I believe our thinking stands out. At Valant, we've taken a specific focus on IOP/PHP to give practices a single, integrated system that simplifies complexity, keeps programs audit-ready, and scales as they grow. The result: measurable progress, fewer denied claims, and more time for what matters most—helping patients heal.

Q: Behavioral Health Business:

How should organizations think about staffing, documentation, and billing differently at this higher level of care?

Krishnan: The growing complexity of patient needs demands a more integrated approach. Higher-acuity programs like IOP and PHP often involve individuals with dual diagnoses, increased clinical intensity, and more variables to assess treatment efficacy. That makes close coordination between clinical and administrative teams essential.

Documentation needs to be more detailed, not only to support high-quality care, but also to meet regulatory and payer standards. Billing grows more complex as programs manage multiple services per day across a diverse payer mix, which makes automation increasingly important. Finally, staff should be trained not just in care delivery, but also in using systems that streamline their workflows, reduce administrative burden, and improve overall efficiency.

Q: Behavioral Health Business: Finish this sentence:

In 2026, the behavioral health market will be shaped by...

"In 2026, AI will shift from early adoption to everyday practice in mental health care. Rather than being seen as an add-on, AI will be fully embedded into the workflows of outpatient, IOP, and PHP programs for automating documentation, summarizing sessions, and helping clinicians identify risk patterns. Practices will increasingly rely on "co-pilot" systems to support treatment planning, outcomes tracking, and patient engagement, allowing teams to spend more time on care and less on administrative work.

These co-pilots will become more deeply integrated into the EHR, helping retain and apply context across encounters, care settings, and prior sessions. We'll also see AI show up in new parts of the workflow, like voice AI agents supplementing administrative staff for prospective patient conversations, follow-ups, and other routine actions. On the billing side, AI tools will learn from denials to automate corrections and accelerate time to resolution.

Finally, there will be a growing recognition that behavioral health is a core part of health care, not an optional service. Mental health is health. Emotional and psychological well-being are deeply connected to physical health and overall quality of life. Conditions like depression, anxiety, and trauma don't exist in isolation—they impact treatment adherence, recovery, and outcomes across nearly every area of medicine."