AMDIS 2015

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VP Clinical Research
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WHAT WE ARE TRYING TO DO

Goal = Amplify the voice of the provider and facilitate turning provider feedback into provider success.
MESSAGE TO VENDORS
HOW DO YOU MEASURE SUCCESS?

SUCCESS
it's not always what you see
2007 LARGE HOSPITAL WINS

McKesson
Cerner
Epic
Siemens
Eclipsys
Meditech
GE
QuadraMed
Other

Hospitals
Organizations
THINGS TO CONSIDER:

1. **This is not natural.** There is a conflict between serving the customer and retaining a profit.

2. We measure what we want. **We don’t typically measure what is most critical.**

3. Little real time is spent on how to make the client successful. **That takes lots of listening.**

4. **The customer is not always right,** but the customer always wants success.
Paying for an Outcome

We do try to tailor the packages to our customers, almost to a fault. There are some things that we do. We have taken interfaces off the table—all interfaces you want are included. We try to also push certain interfaces. With training we have been trying to do what the client wants and that is what gets us in trouble. The client can get a smaller training package, but then we will not follow through, nor should we, and hold back training that will make them successful. We end up giving away some training for free in many cases.

What they are really paying us for is the outcome that they expect.

-Vendor President

KLAS Score = 89.5
MARKET CONSOLIDATION

• Allscripts
• Cerner
• Epic
• GE
• McKesson
• MEDITECH
• QuadraMed
• Siemens
If you are considering replacing your EMR, which vendors are you considering?
How many hospitals are involved in your decision?

CONSIDER VS. AVOID

Epic
Cerner
Meditech 6.0
Allscripts
McKesson Paragon
Siemens Soarian

Market Leaders
Migration Options
Already Selected/Likely Choice
In the Running
Unlikely/Won't Consider

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BIG INVASION OF SMALL HOSPITAL MARKET

Epic and Cerner won 62% of the small hospital decisions.

*2014 Acute Care EMR Market Share report

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MEDITECH WILD CARD

• Largest legacy customer base.
• High expectations for 6.1x web based solution.
• Has not historically been strength.
• Fork lift replacement.
EMR USABILITY PROGRESS

You are here
PRODUCTIVITY AND EFFECTIVENESS

KEY ASPECTS OF USABILITY

Overall physician productivity and effectiveness

More productive than effective

Effective and productive

Less effective and productive

More effective than productive

How well can a typical physician accomplish what they need to do in a day?

How well does the EMR help physicians do their jobs better?

KLAS

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• **Meditech jumped two spots.** v6x customers reported significant improvement to several modules. Still significantly behind the leaders.

• **Soarian not getting focus.** Customers reported development had slowed before the sale.

• **Paragon drops to last.** Customers are eagerly awaiting v13 which targets physician usability.
INTEROPERABILITY

Interoperability
A RECENT PERSPECTIVE

“There is no such thing as interoperability. There is only expense, labor, and determination.”

- CIO
Inter-Vendor cooperation a major delay to interoperability.
KLAS – CHIME
2015 INTEROPERABILITY STUDY

• KLAS – CHIME partnering
• More in depth
• IT and Medical Leadership voice
• Culminate in Key Stone Summit
LET YOUR VOICE BE HEARD
DOD

Final Three
- Allscripts / HP & CSC
- Cerner / Leidos
- Epic / IBM (Impact Advisors)

- Decision summer 2015
- First hospital live EOY 2016-ish
GLOBAL PERSPECTIVE

• Familiar and unfamiliar names.
• Much more diverse setting than US.
• Integration not as large a driver.
• Cost more prominent in the discussion.
DECISIONS, DECISIONS

Value Base Care

Reward                      Risk
ACOS CONTINUE TO GROW

Figure 1. Total Public and Private Accountable Care Organizations, 2011 to January 2015

Source: Leavitt Partners Center for Accountable Care Intelligence
VENDORS CONTINUE TO FLOOD THE MARKET

112 providers mentioned 77 solutions currently in use.

*That is up from 53 a year ago.
REPLACEMENT VULNERABILITY

Population Health

![Graph showing data points and trend line over time with labels for all surveys, have left, and looking to leave.](Image)
Why are many providers starting to leave?
WHY ARE PROVIDERS LEAVING CURRENT PRODUCT

“I would like to be able to find something cheaper.”

“Our long-term goal is have a product that is integrated with the EHR.”

“I think we realized that we would need one vendor for the back end and one vendor for the front end, meaning one vendor to do our data strategy and one vendor to really focus on the population health and population management, assuming data was flowing into the second system.”

“It is still not exactly where we want.”

“They don’t even know what population health management is.”

“but the problem is that we don't know what we are looking for yet. We are very reluctant to move toward any one product or vendor in this space because it is hard to put a finger on what it is we are trying to solve.”

“I feel like we are only able to deliver very baseline phases of our initial road map. I think we are way behind where we should be. We brought the product live over a year and a half ago, and we have made very minimal advances from the original dashboard tools.”

“Our EHR software is quickly catching up. I don't think there is any need to try to adapt to a third-party vendor, because our main EHR is going to provide us with what we need.”
ONE REASON
Stop Gap Till EMR Is Ready

When we selected Crimson, it was only as a stop gap for Epic. We felt in 2013 that Epic didn’t yet have all the tools we needed to do population management. They were first introducing their data warehouse, and they were discussing what their analytics might be able to do, and we felt there was a lot of functionality missing. At the time of our decision, our guess was that in a three-to-five-year time frame we would replace Crimson with Epic. I think some of the Crimson functionality might be able to reside in Epic, but when it comes to some of the data analysis and the global views, I wouldn’t be surprised if part of Crimson stays. At least for now and the short term, I think Crimson will excel. I don’t know exactly when they will be knocked off the pedestal.

-CMO
CERNER AND EPIC HAVE MOST MINDSHARE

FUTURE PLANS

What vendors are you considering for population health management?

- Risk Management
- Care Management

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EPIC: 16%
OPTUM: 15%
ADVISORY BOARD: 13%
ECLINICALWORKS: 13%
MCKESSON: 13%
CONIFER HEALTH SOLUTIONS: 13%
EVOLENT HEALTH: 3%
HEALTH CATALYST: 3%
NEXTGEN: 2%
HOW NOT TO DO POPULATION HEALTH

“Humana sent me a chocolate bar as an apology for lousy service.

I am diabetic.

They know this.”
BI / ANALYTICS
I would say in the era of big data, **there is too often a focus on making the haystack bigger and not the needle.** What we really need is tools that not only make the needle bigger but also show us exactly where it is in the haystack. All of these analytics tools have to become better at **elevating the important information rather than just elevating all of the information.**”

-Chief Informatics Officer
HEALTHCARE BI: THE 2X/3X FACTOR

• What we are starting to advise—even before discussing vendors. Providers are reporting to us that:

Good Tools with Great Service often produce better results than
Great Tools with Mediocre Service
DEC 2013: EXTENSIVE INSIGHT BY BI VENDOR

Level of Extensive Insight Providers Commonly Achieve with Vendor Product(s)

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Extensive Insight Rate</th>
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<tbody>
<tr>
<td>QlikTech</td>
<td>77%</td>
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<tr>
<td>Dimensional Insight</td>
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<td>Information Builders</td>
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<tr>
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<tr>
<td>SAS</td>
<td>83%</td>
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<tr>
<td>Tableau</td>
<td>67%</td>
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Average BI Vendor: 50%
Previously, thought concentrated on

– Who has the most capable products? (i.e., most “horsepower”)

Currently, thought is concentrated on

– Who understands healthcare?
– Who can best help me?
LOOKING FOR A LEADER IN BI

• “There is not a strong, overall market leader at the moment. Everyone fills a niche.”
• “I don’t know that I would say there is a leader in BI. I think the leaders are still emerging.”
• “I don't think there is anybody out there in the market today who should just keep doing what they are doing today.”
• “I think it is a mixed bag for us right now. There is not a clear leader that I can see.”
• “Until a single vendor can meet all needs, we will continue to see competition and a lot of diversity in tools.”