



2016 STATE OF HIT AMDIS

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June 22, 2016

WHAT WE ARE TRYING TO DO

Goal = Amplify the voice of the provider and facilitate turning provider feedback into provider success.



SPEAKING WITH YOU EVERY DAY

You make this possible



A RACE FOR SURVIVAL



- High cost
- Small budgets
- Regulation
- Competition

A RACE FOR SURVIVAL

*Our organization is doing a number of pilots to fundamentally change the way we manage a population. We are spending tens of millions, maybe hundreds of millions, of dollars on figuring out how we can make everything work and how we can make an impact. Our challenge is doing this in the fee-for-service world and knowing we are putting ourselves in a position of risk. We may not get paid for some of the things we do today, even though those things may help. **We feel that if we don't succeed, we won't be in business. Failure just isn't really even an option for us. If we fail, our organization as we know it today will dissolve. Somebody else will buy us and just make things happen.***

-CIO

HEALTH INFORMATION TECHNOLOGY

Two Races or Stages *at the Same Time*



The Fee-for-service Race

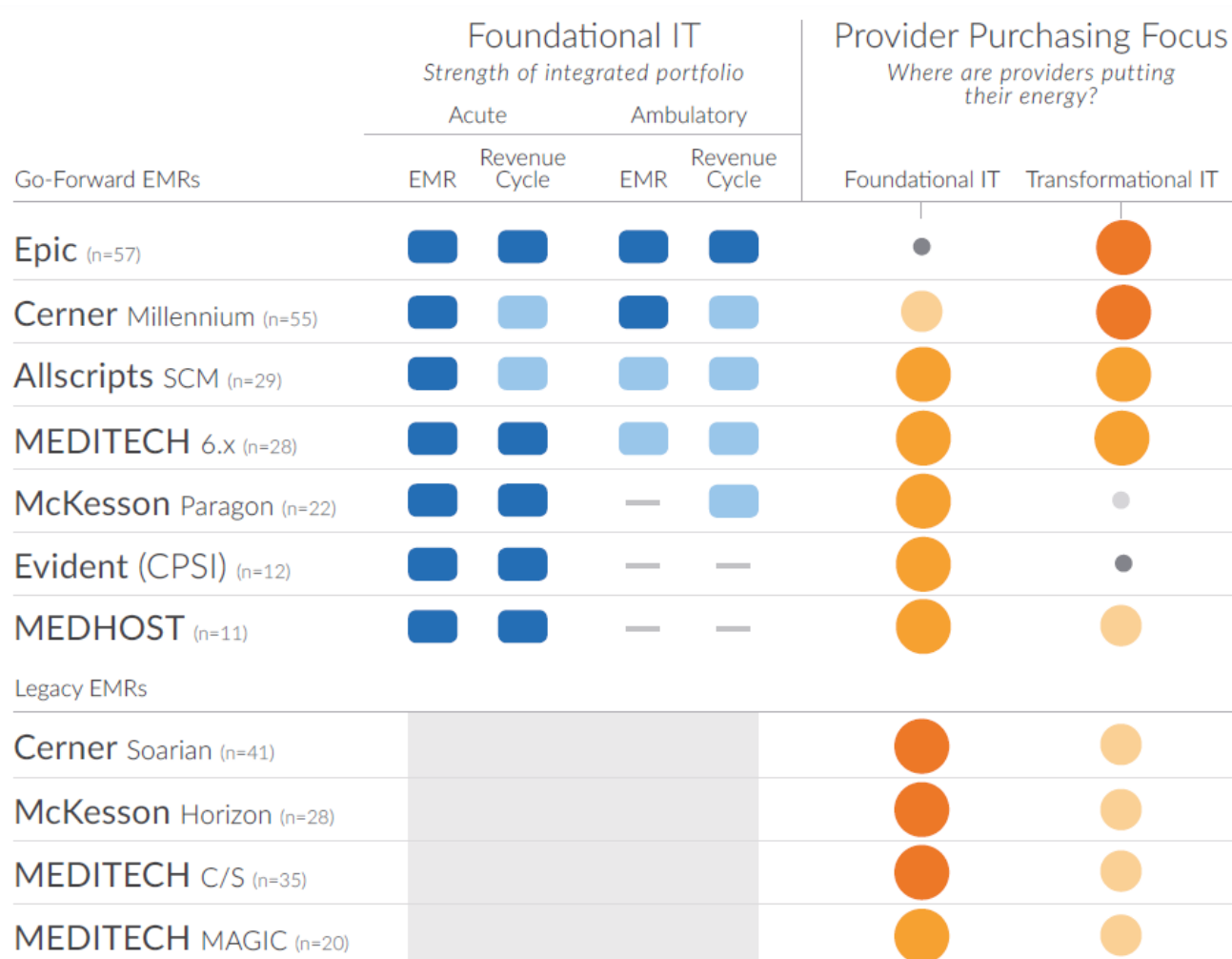
- *Foundational HIT*
 - Integration
 - Acute Care EMR and Revenue Cycle
 - Ambulatory EMR and Revenue Cycle

Value-based Care Race

- *Transformational HIT*
 - Business Intelligence
 - HIE
 - Population Health Mgmt
 - Patient Engagement
 - Telemedicine

HIT PURCHASING PLANS

EMR Vendor Influences Provider Focus

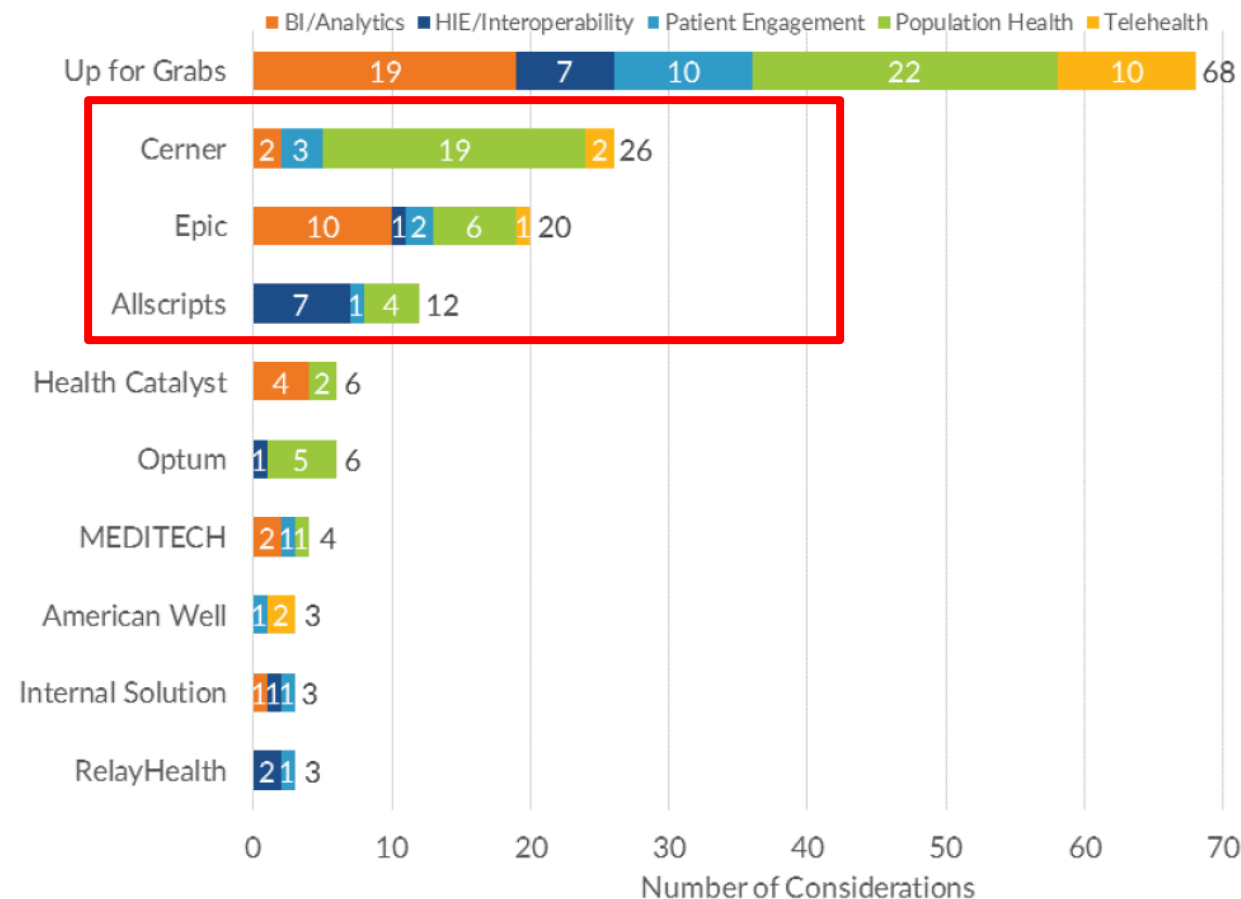


TRANSFORMATIONAL VENDOR SELECTION

- Still wide open
- Providers gravitating to EMR vendor for transformational HIT solutions

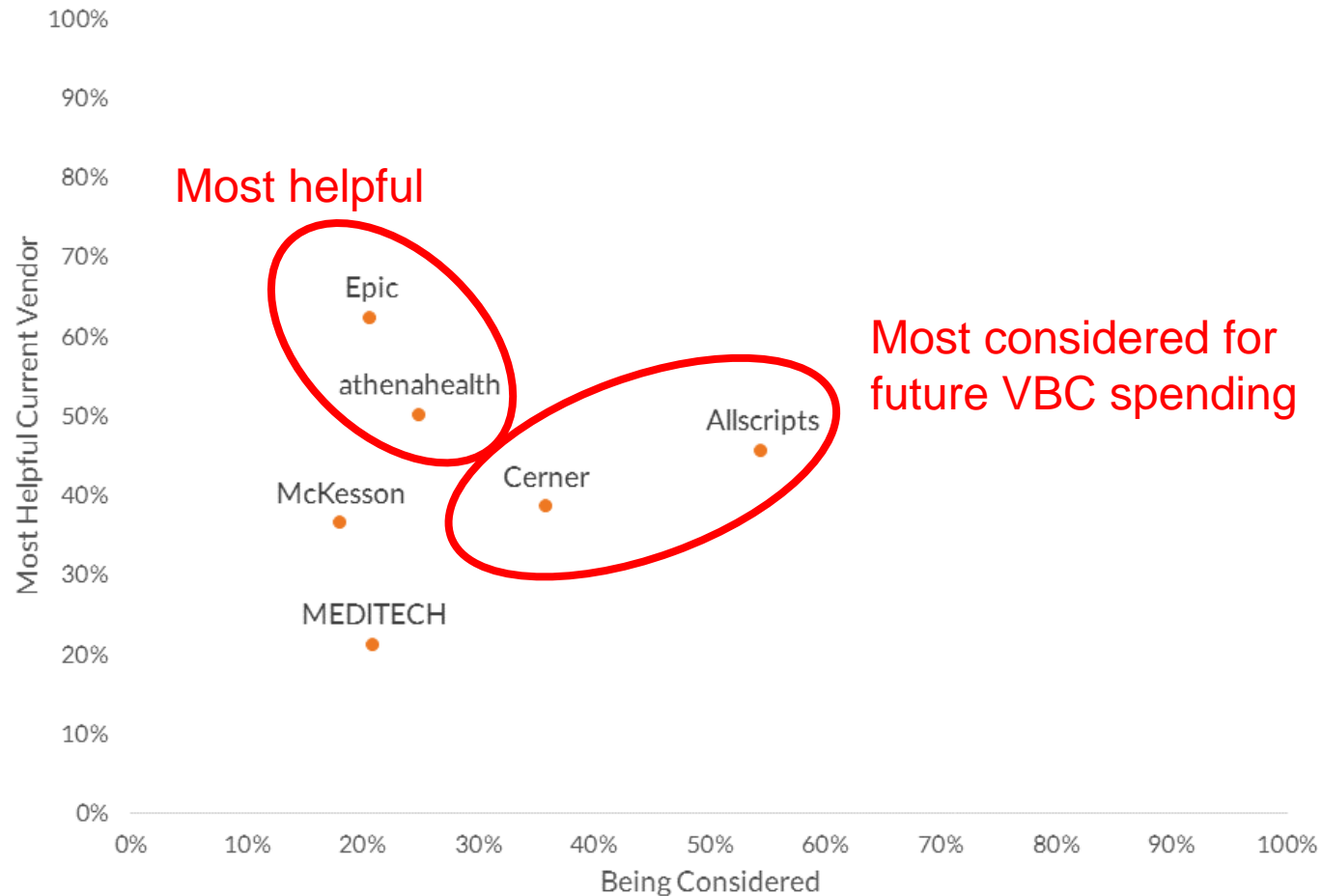
Transformational HIT Decisions

Which vendors were front-runners and how much is up for grabs?



VBC HELPFULNESS & CONSIDERATION

Perception of Core EMR Vendor's Role



NOTABLE OBSERVATIONS

- Gravitation to EMR Vendors
- Transformational HIT is not always
 - Patient engagement
 - Patient outreach
 - CRM
- Swimming up stream
 - athenahealth
 - Meditech
 - Medicity
 - Lightbeam



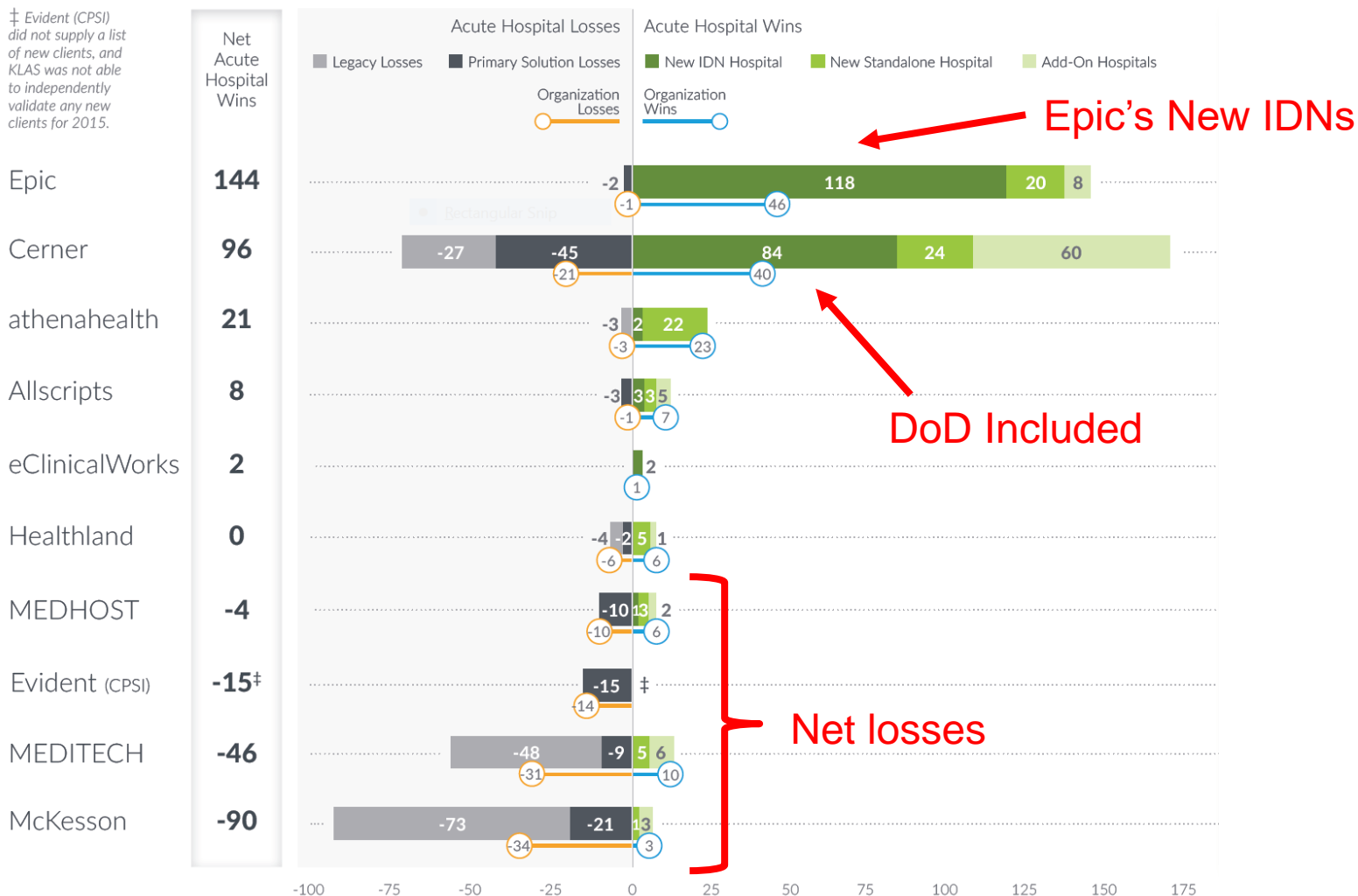
FOUNDATIONAL HIT



ACUTE CARE EMR

2015 acute hospital EMR wins and losses

† Evident (CPSI) did not supply a list of new clients, and KLAS was not able to independently validate any new clients for 2015.

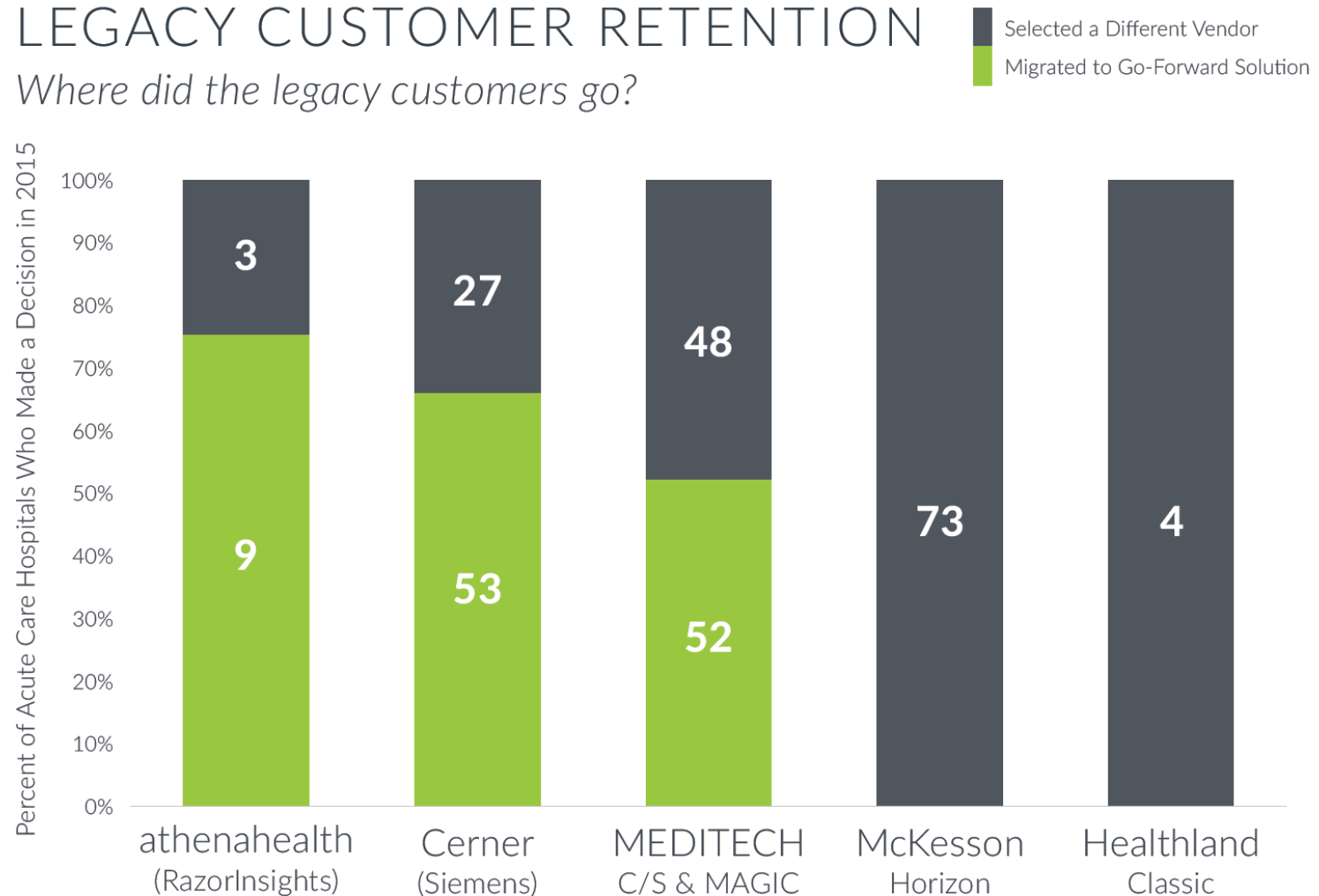


ACUTE CARE EMR

Holding Onto Customers?

LEGACY CUSTOMER RETENTION

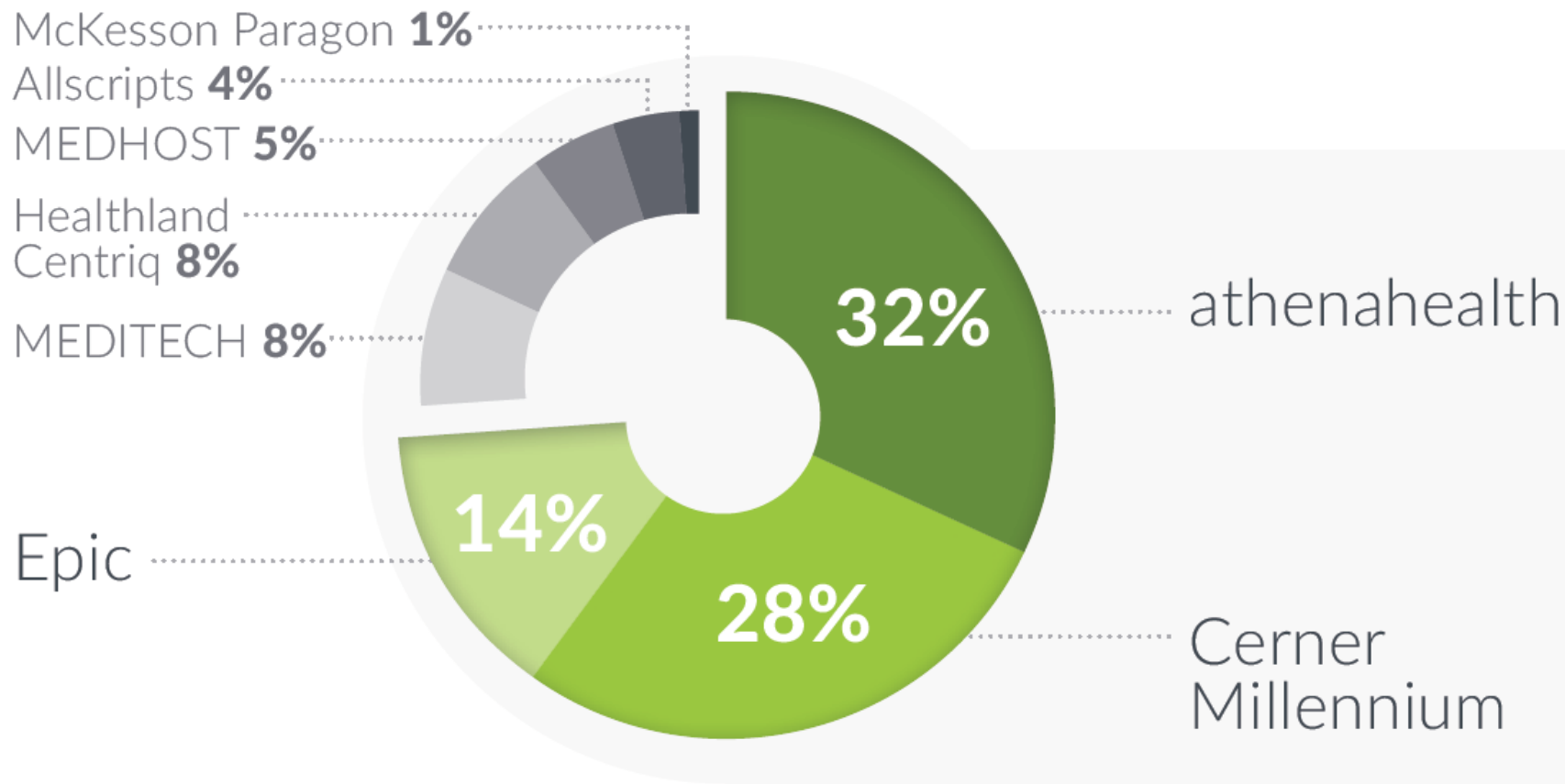
Where did the legacy customers go?



ACUTE CARE EMR

2015 Standalone Acute Community Hospital Decisions

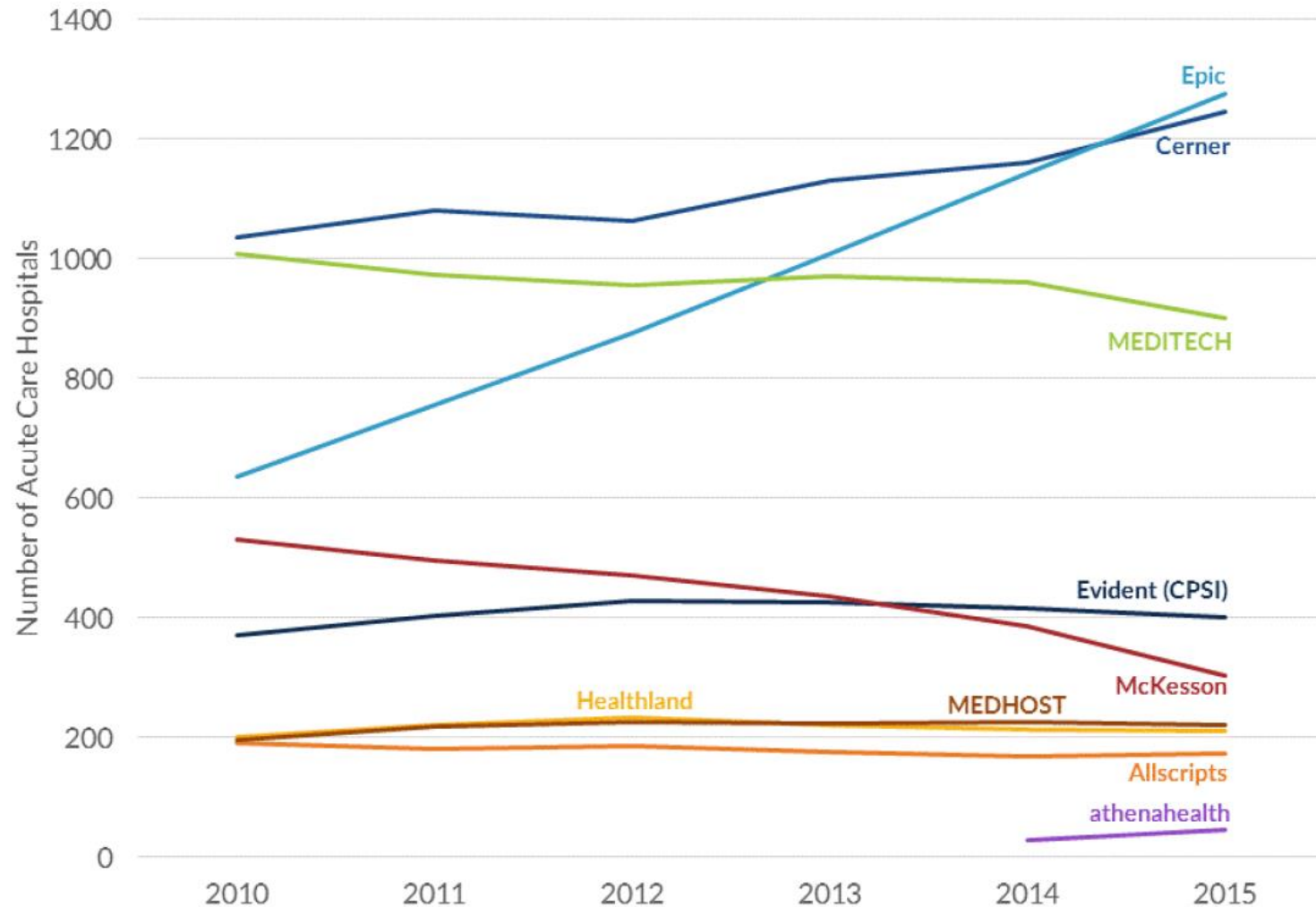
(n=65 standalone acute care hospital wins, 1-200 beds)



§ A standalone hospital is defined as a single hospital signing a contract impacting only that facility.

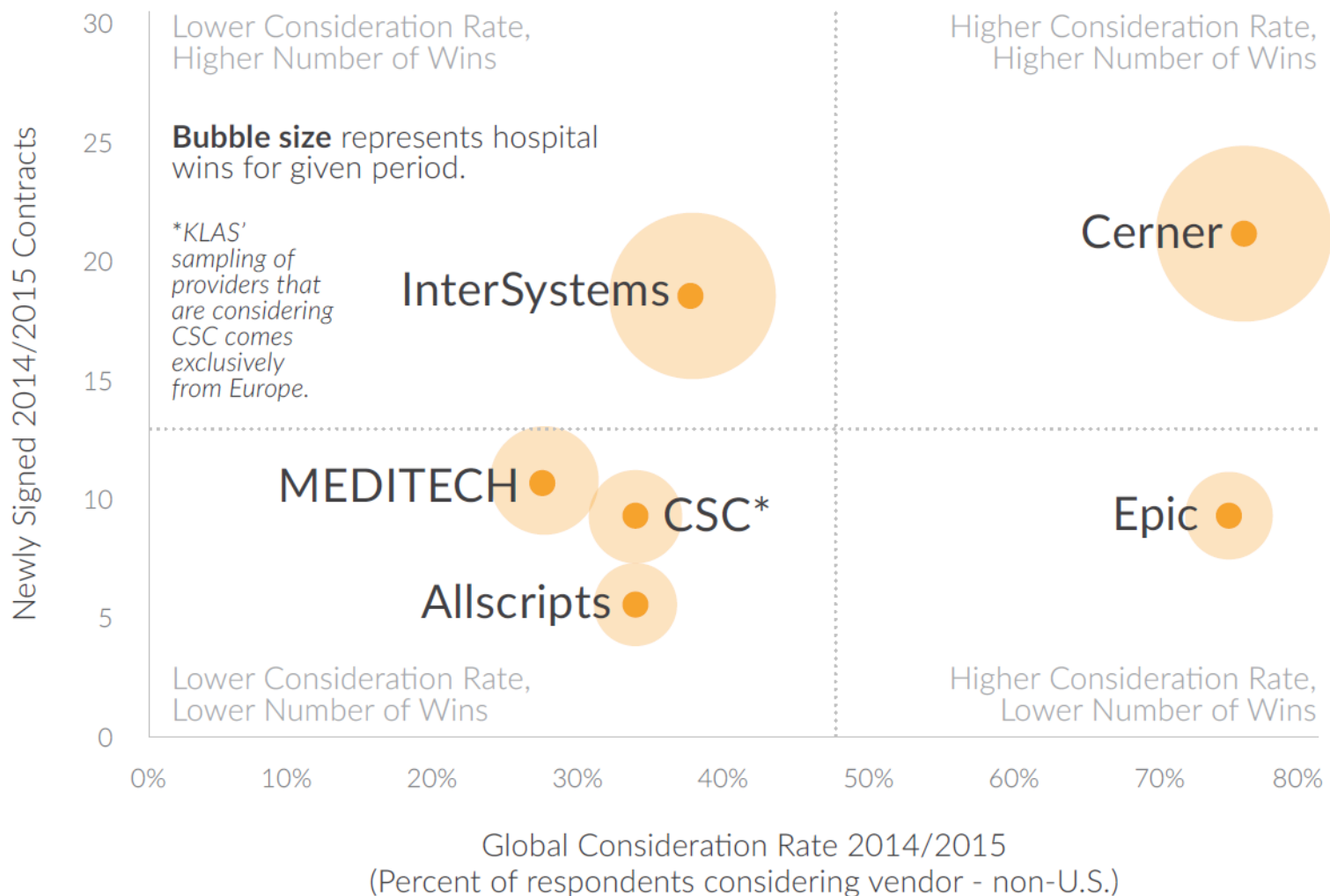
ACUTE CARE EMR

Acute Hospital Market Share Over Time



ACUTE CARE EMR - INTERNATIONAL

2015 Consideration vs. Contracts

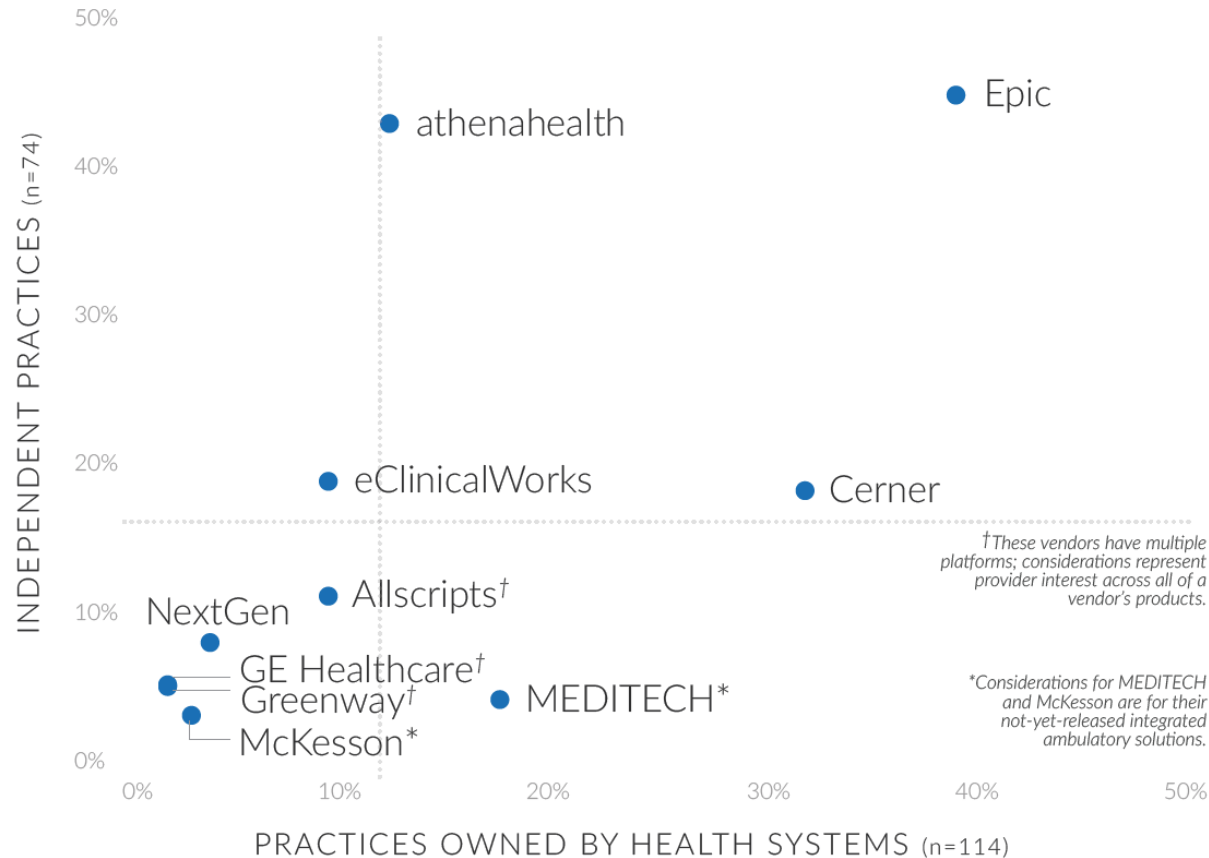


AMBULATORY EMR

Independent practices now give top consideration to Epic

MOST CONSIDERED VENDORS, OWNED VS. INDEPENDENT

If you are planning to replace your current EMR, which vendors will you consider?



AMBULATORY EMR

MEDITECH Early Reactions

This system is fully integrated with the inpatient tool, and that is a game changer. We can customize the system to no end, but with so many regulations, we have needed more standardization of the dictionaries and options, and we have needed functionality that can't be taken away. MEDITECH adheres to best practices and standard dictionaries more than any other vendor I have worked with. We can add to the system, but we can't take things away. That helps things pass between the inpatient and the outpatient systems. The two products use the same dictionaries, and that greatly enhances interoperability.

AMBULATORY EMR

MEDITECH Early Reactions

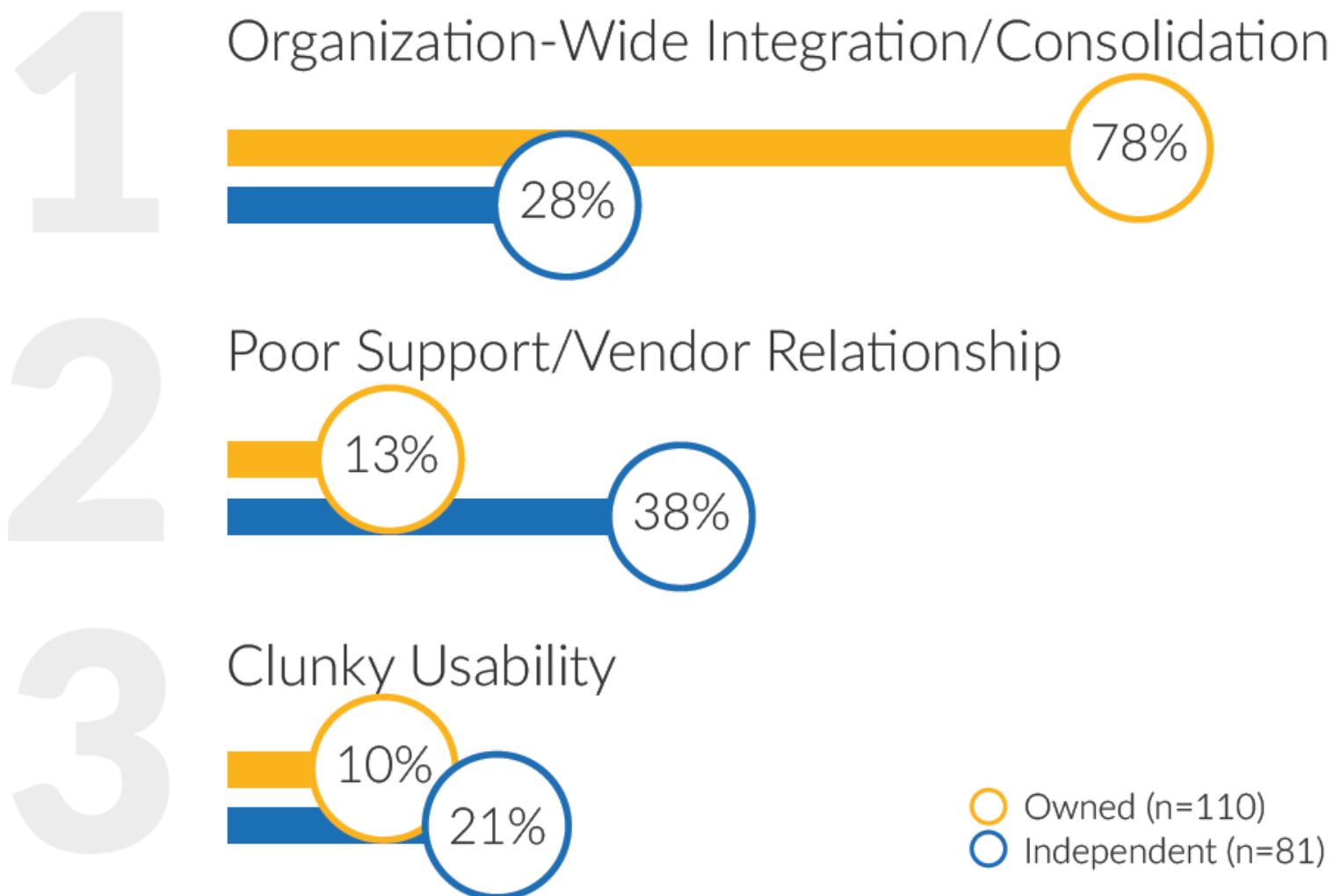
This system
is a game

but
standard
needed
adhere
than any
system
pass be
two p

MEDITECH's Web Ambulatory EHR product is going to be solid. MEDITECH has a lot of technical resources working with it. One of our sites went live with...and the staff there had MEDITECH programming resources on-site almost every week to make things right. It was a pilot. They knew what they were getting into. Things weren't perfect. Some things didn't work as expected. But they still have MEDITECH resources on-site, as well as access to folks in Boston, almost every week. That is the good news. The bad news is that the issues still aren't fixed.

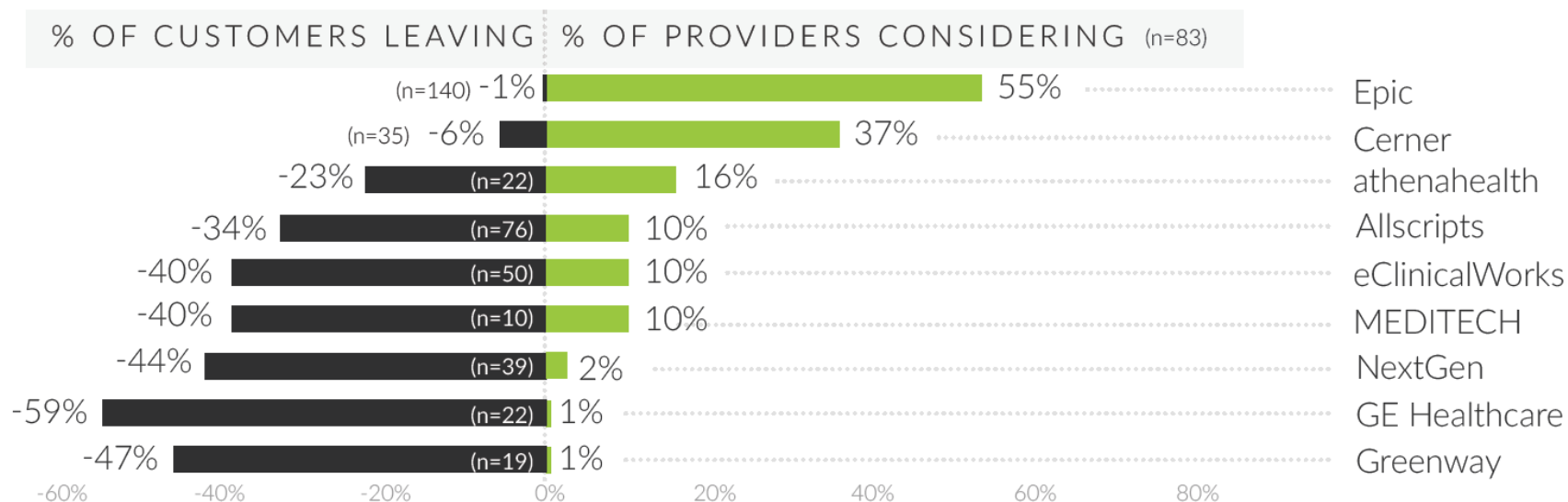
AMBULATORY EMR

Top reasons for replacement:



AMBULATORY EMR

Energy in large-provider market (over 75 physicians)



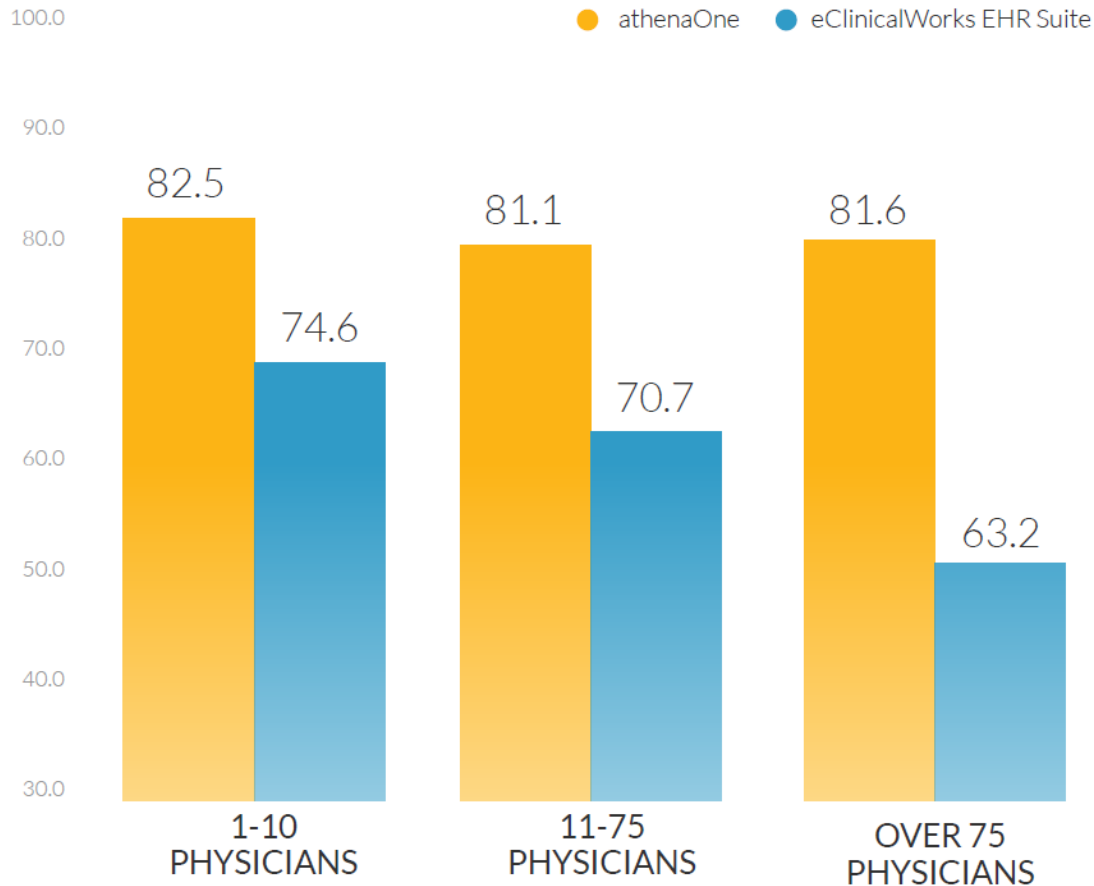
Small practices
are making fewer
changes (15%)

AMBULATORY EMR

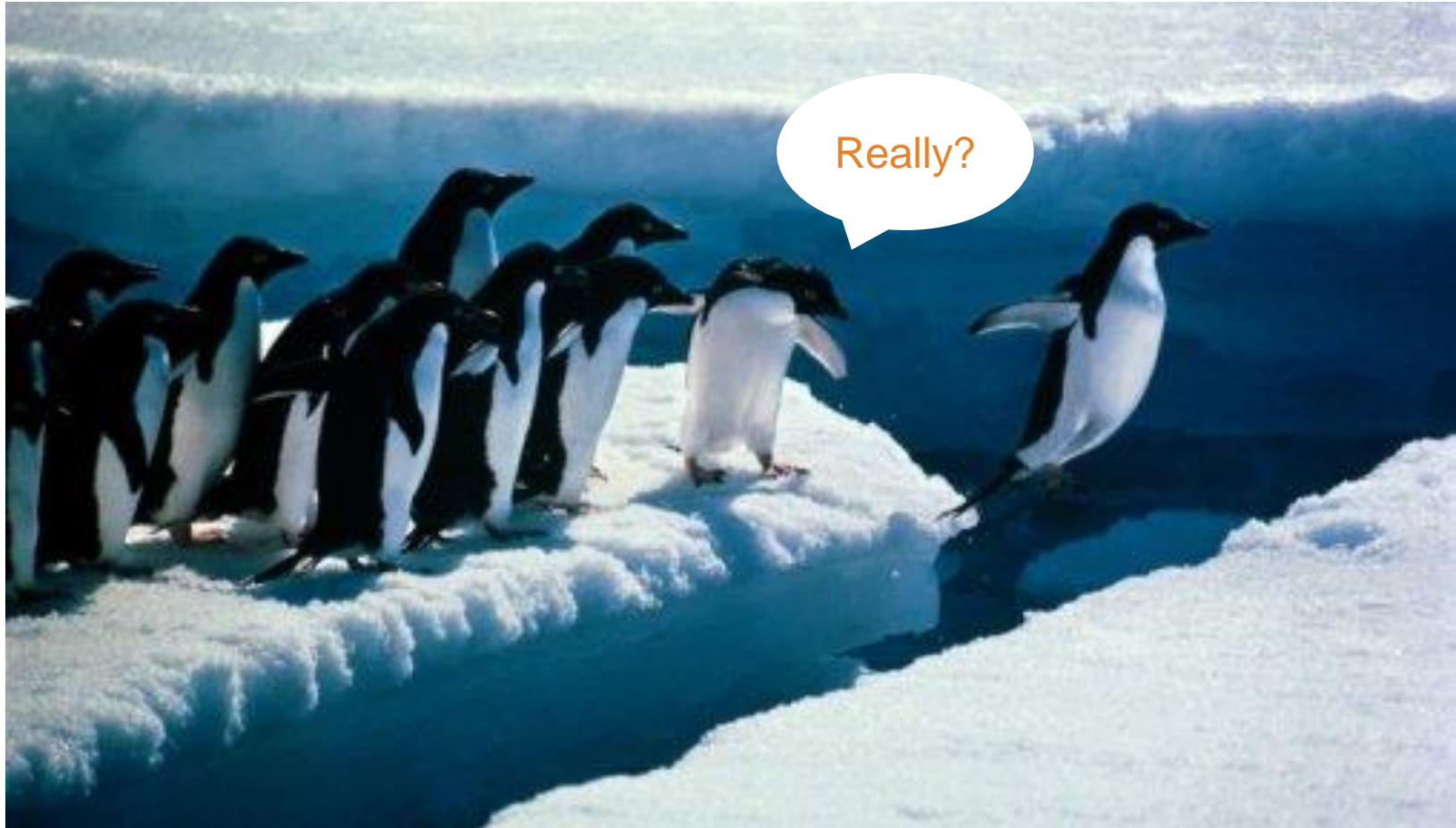
athenahealth: Compelling non-Enterprise Alternative

OVERALL PERFORMANCE COMPARISON

Core Solutions (EMR, PM, Patient Portal) Comparison Performance by Size



TRANSFORMATIONAL IT

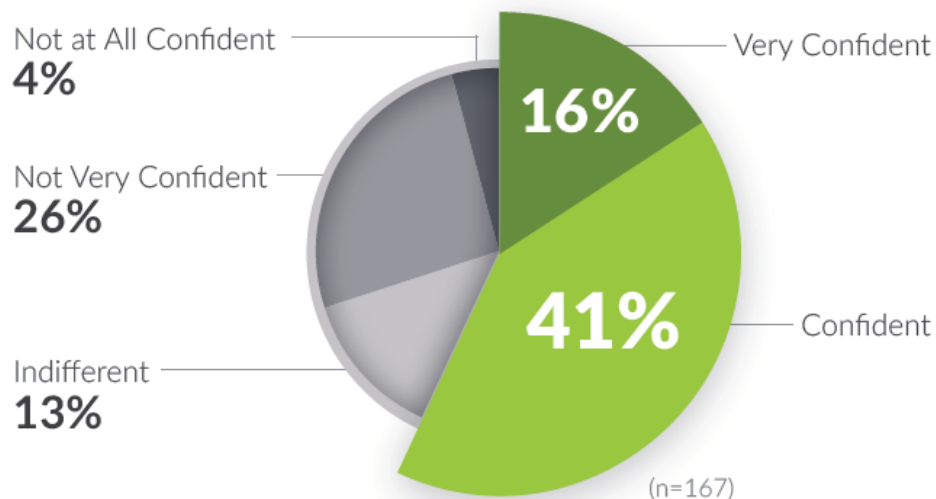


PERCEPTION OF VALUE-BASED CARE

Technology is Key to Confidence

CONFIDENCE IS GROWING

How confident is your organization in its current ability to manage a population's health?



Top 5 Sources of HIGH CONFIDENCE

(n=66)

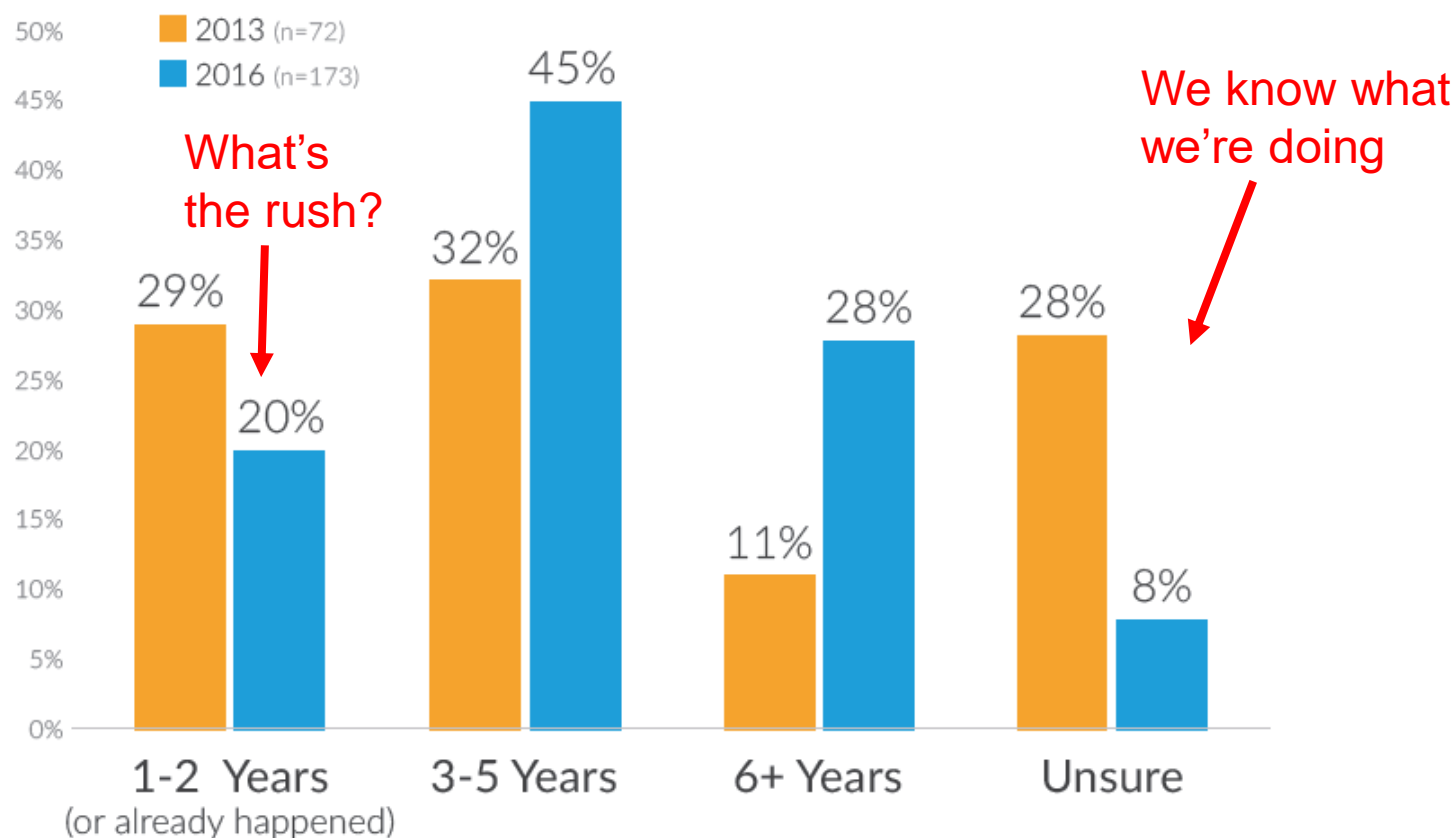


0% 10% 20% 30% 40% 50%

RISK TAKING SLOWS DOWN

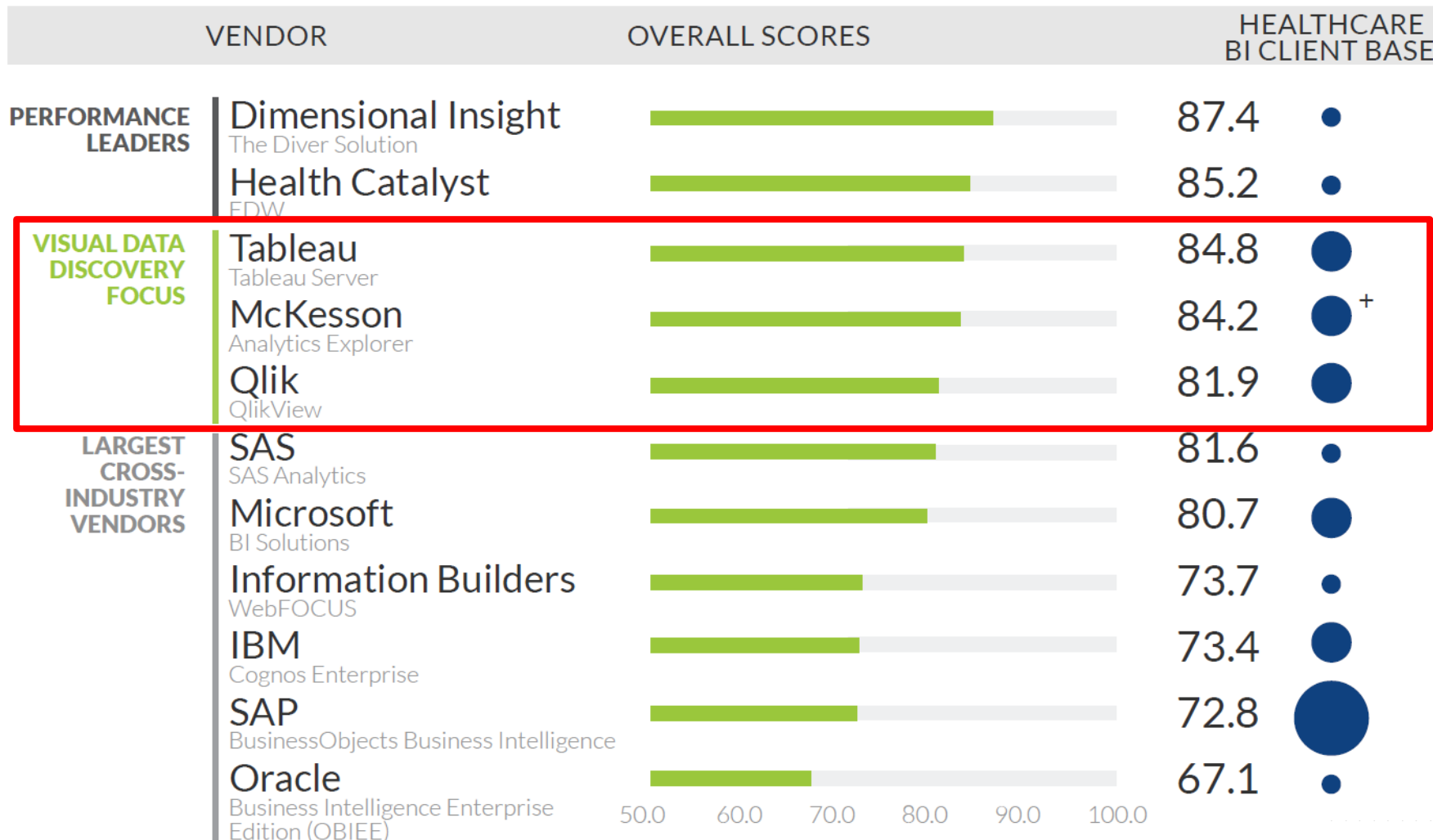
RIDING THE VBC WAVES

When do you think managing your patient population's health will surpass fee-for-service as your organization's standard mode of operation?



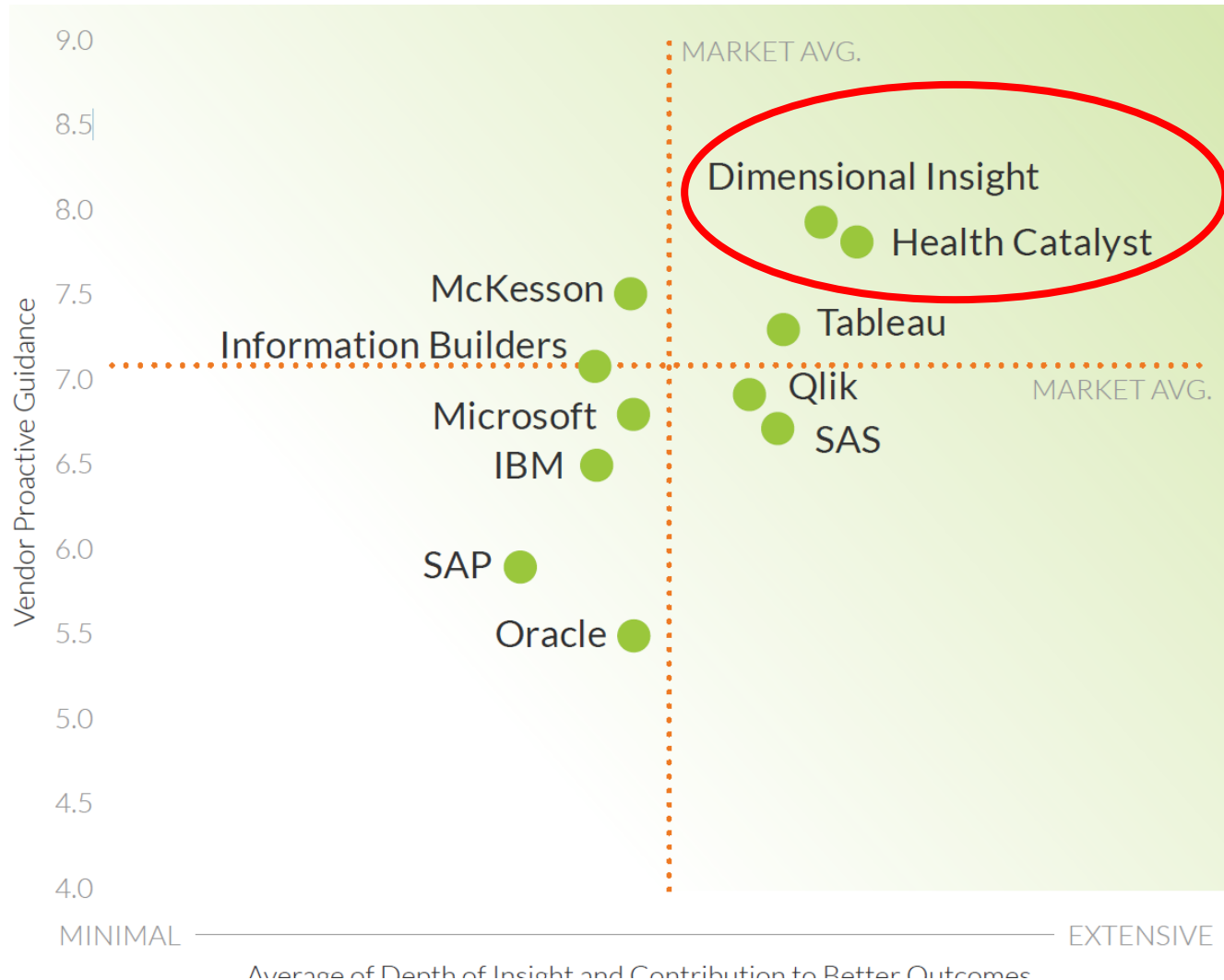
ENTERPRISE HEALTHCARE BI

Diverse Solutions



ENTERPRISE HEALTHCARE BI

Vendor Proactive Guidance vs. Outcomes/Insights Achieved

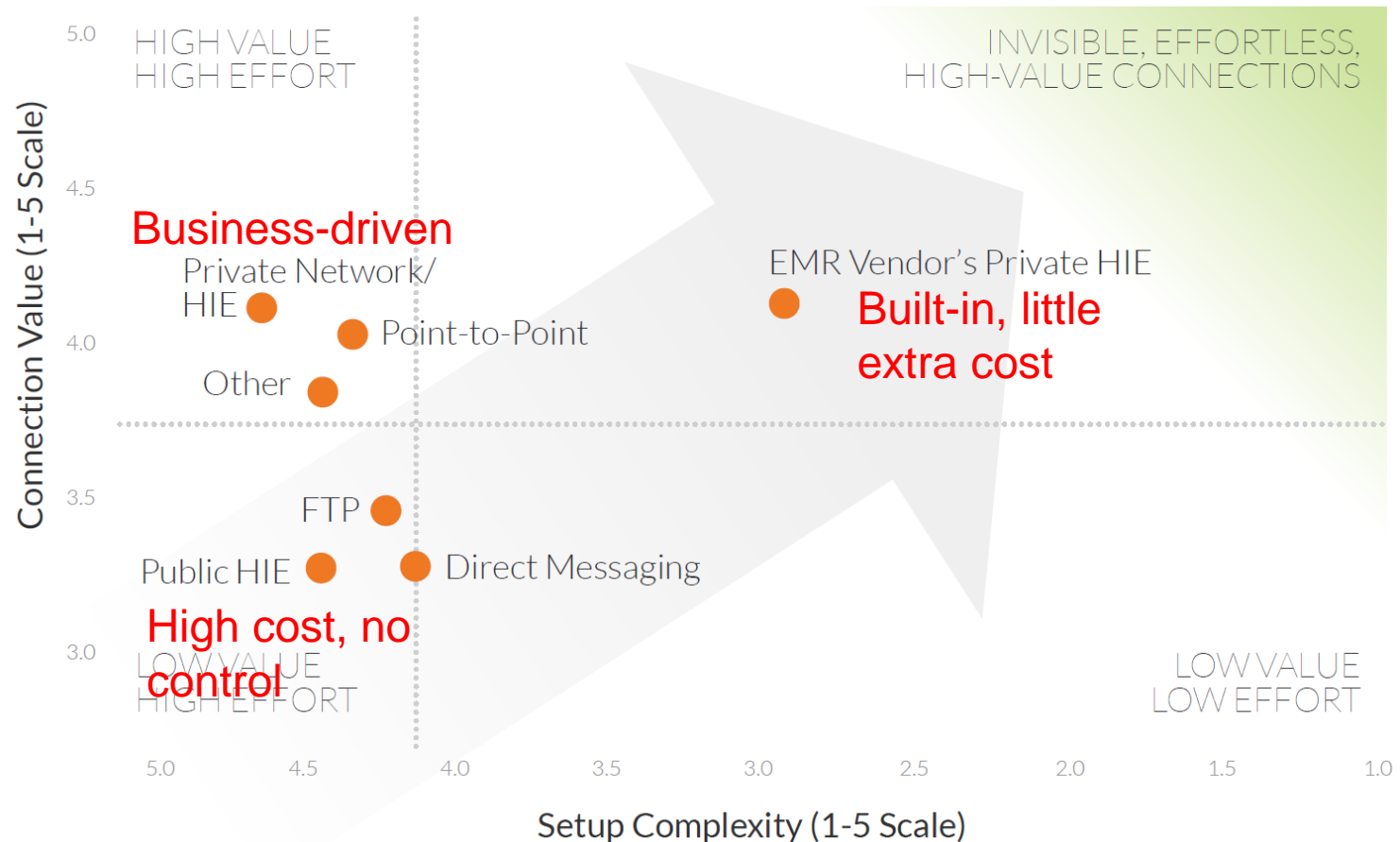


THE INTEROPERABILITY PROBLEM



HEALTH INFORMATION EXCHANGE

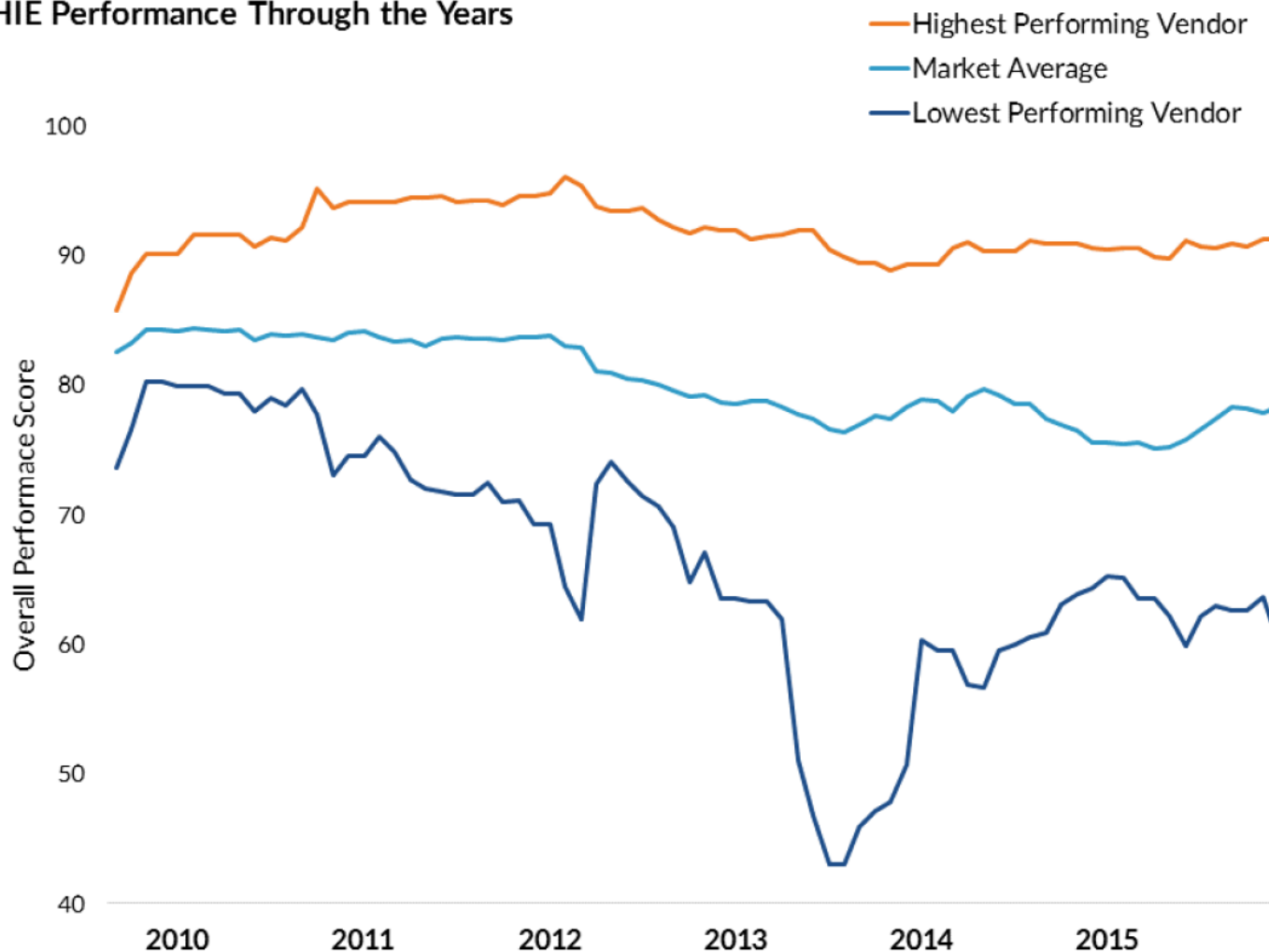
VALUE VS. SETUP COMPLEXITY



HEALTH INFORMATION EXCHANGE

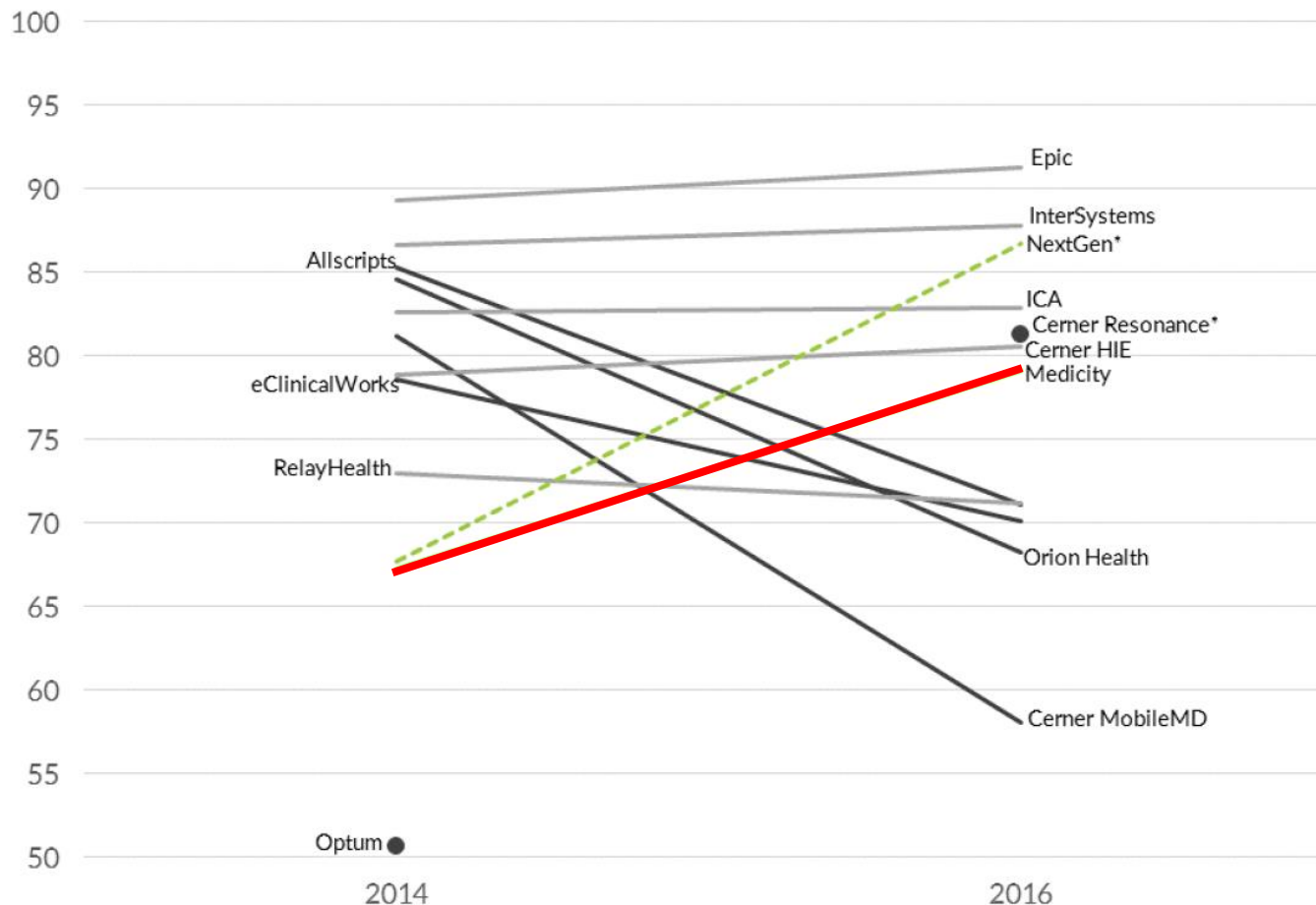
More realistic expectations in maturing market

HIE Performance Through the Years



HEALTH INFORMATION EXCHANGE

Medicity engineers a turnaround



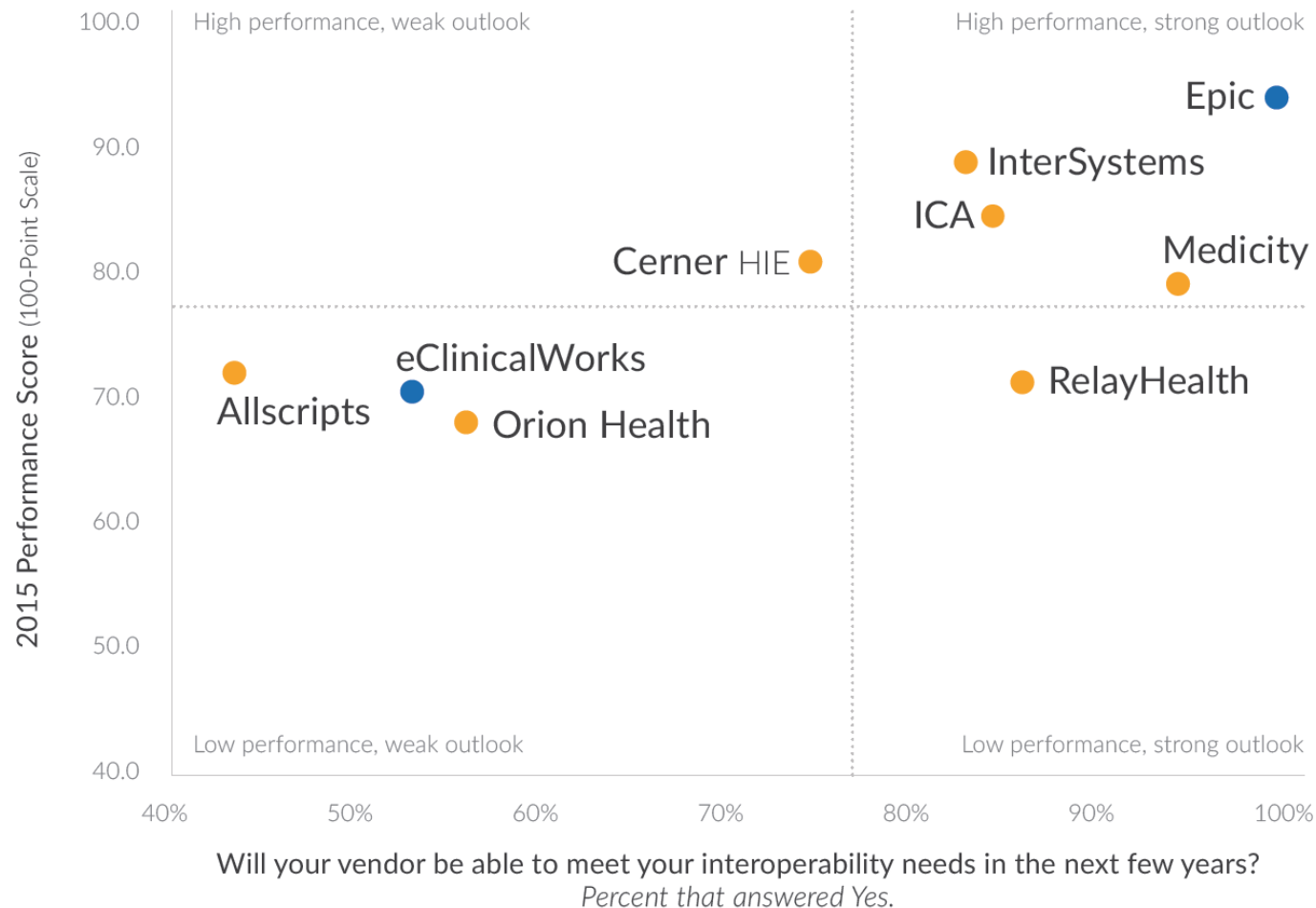
*Does not meet minimum KLAS Konfidence level

Note: Insufficient 2014 data for Cerner Resonance and insufficient 2016 data for Optum

HEALTH INFORMATION EXCHANGE

Performance Now and in the Future

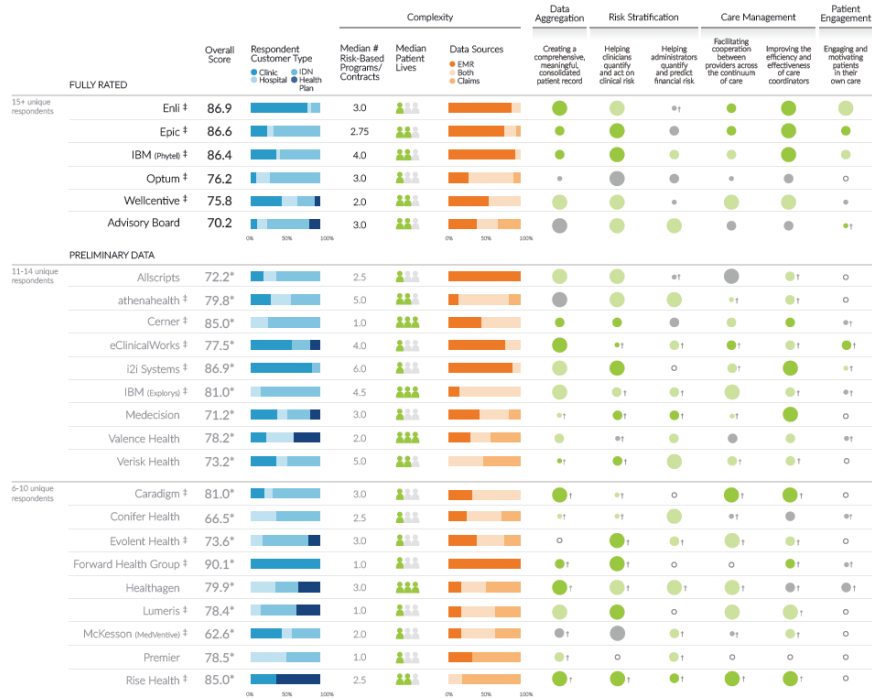
● EMR Independent ● EMR Dependent



POPULATION HEALTH MANAGEMENT

Still Emerging

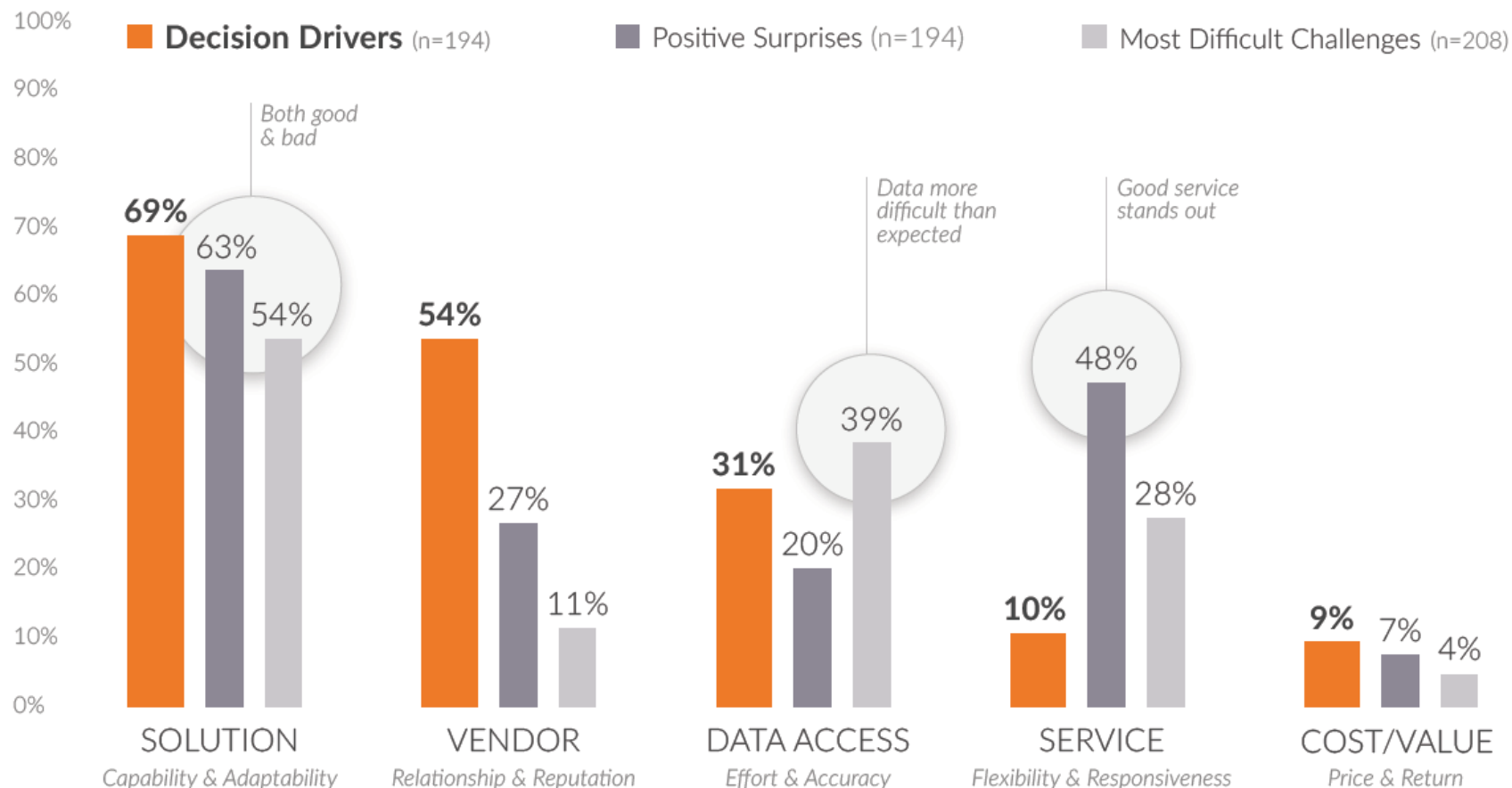
- Over 100 vendors
- Special talents
 - EMR Integration
 - Data Aggregation
 - Risk Analytics
 - Care Management
 - Quality Programs
- No one-stop-shop



POPULATION HEALTH MANAGEMENT

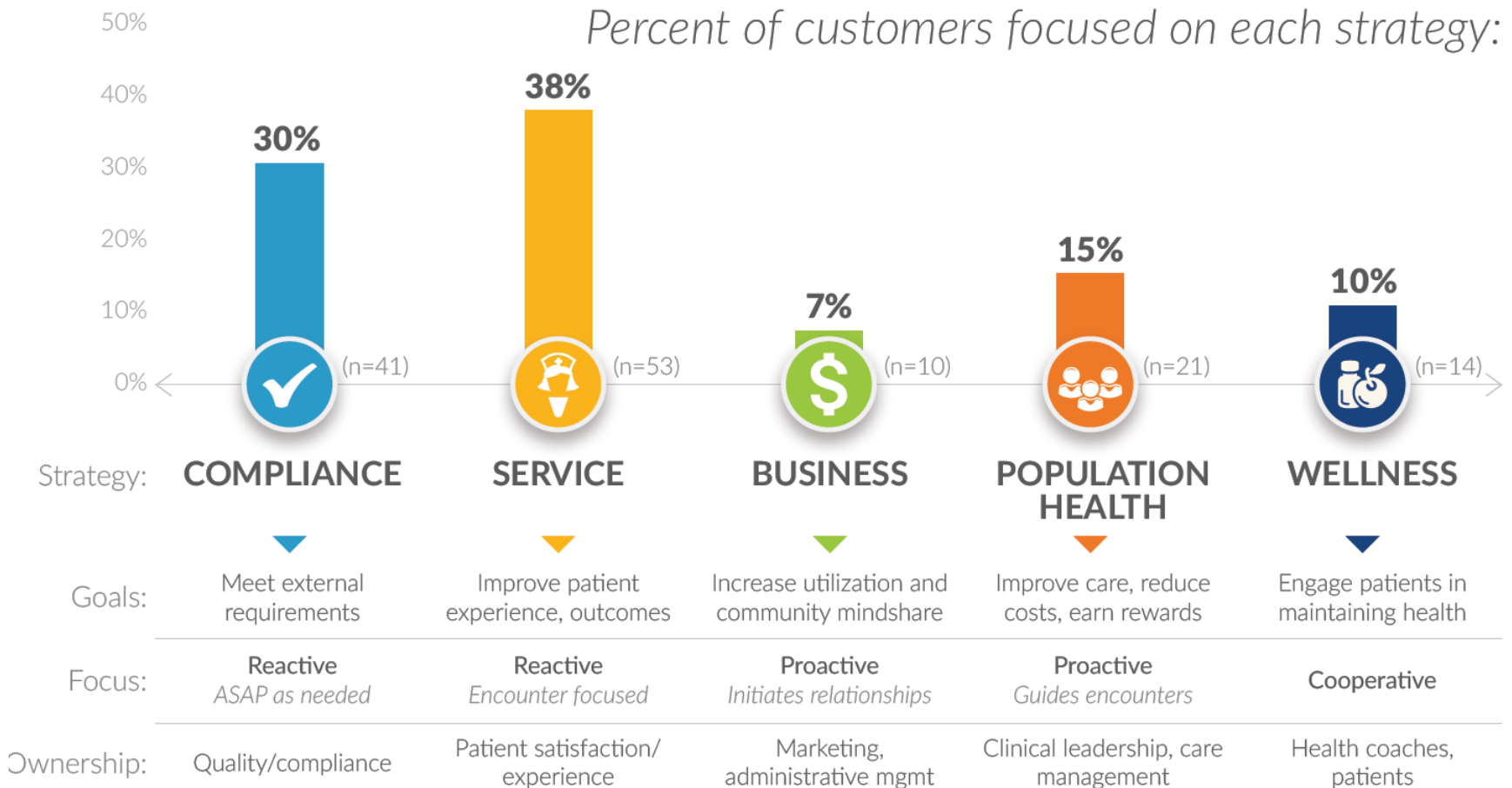
Service = Satisfaction

SELECTION CRITERIA VERSUS REALITY



PATIENT ENGAGEMENT

Most strategies are not transformational



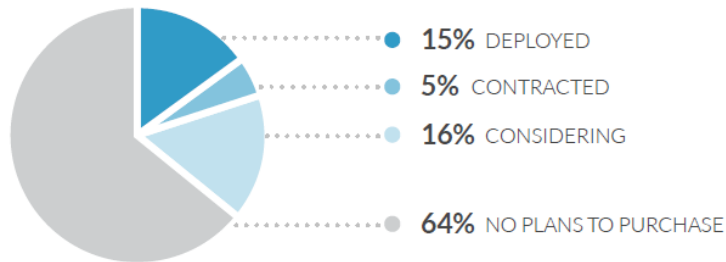
PATIENT ENGAGEMENT

Today, fee-for-service marketing drives CRM

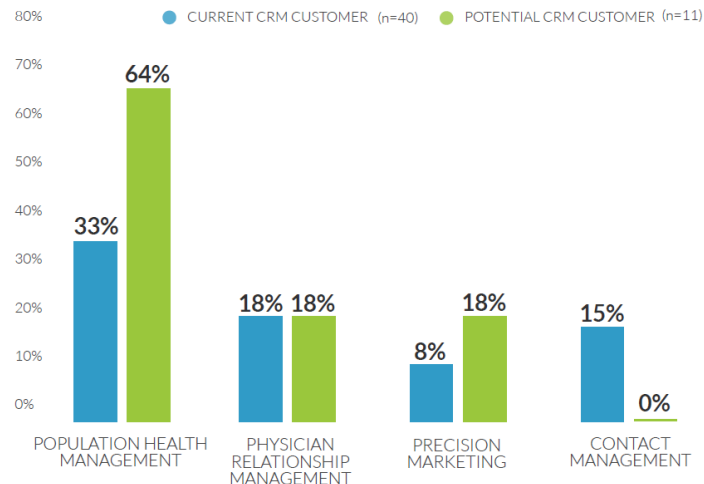
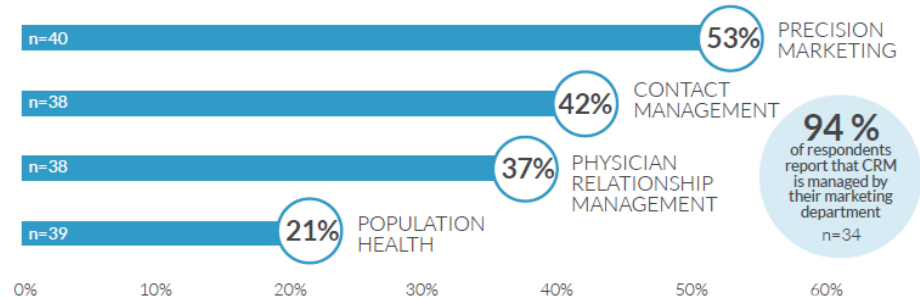
CRM STATUS

(n=130) Supplemented with data from upcoming Patient Engagement Report

What is the status of your CRM usage?



WHAT TYPES OF CRM FUNCTIONALITY ARE IN USE?



Marketing (and some population health)

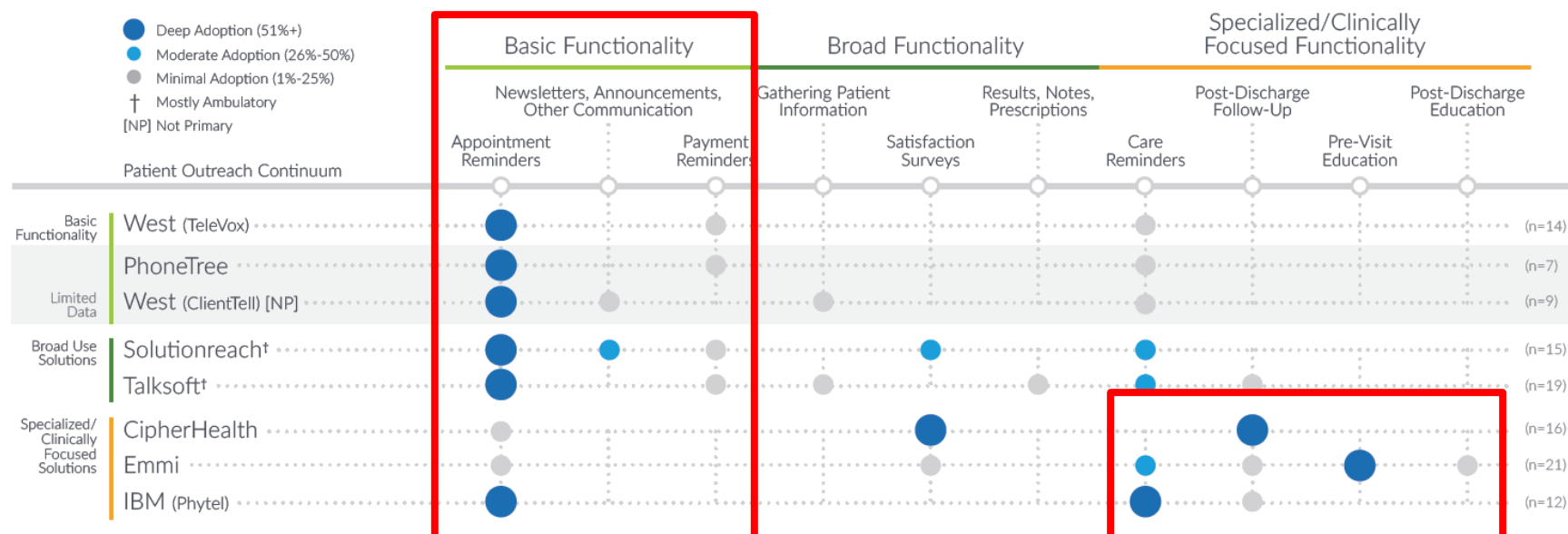
- Evariant
- Influence Health

Growing interest in Epic call management

PATIENT ENGAGEMENT

Patient Outreach Solutions

PATIENT OUTREACH CONTINUUM



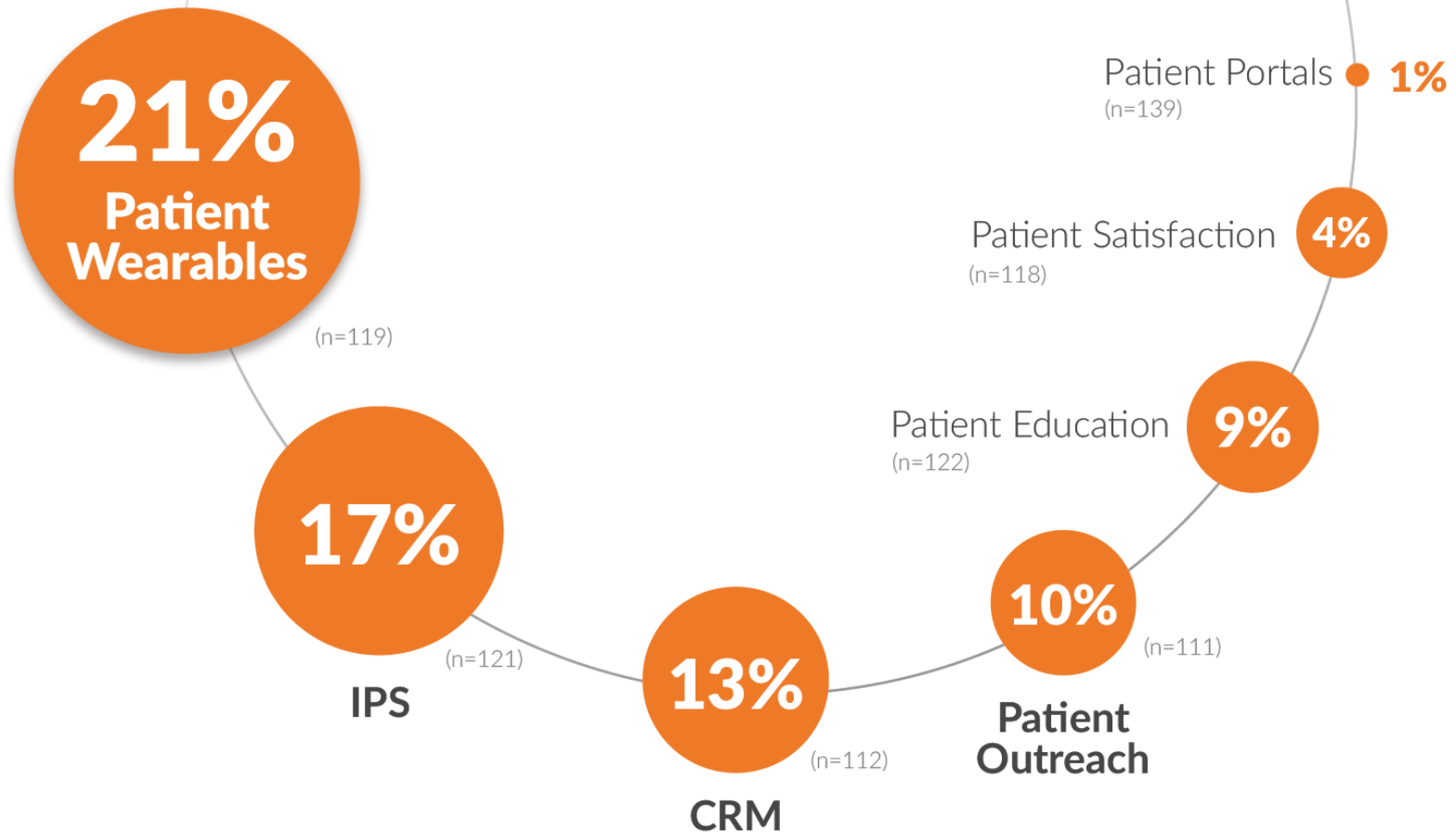
NOTE: **HealthGrid** is a relatively new vendor. KLAS interviewed four live customers and validated use in 8 of the 10 areas covered in this report: appointment reminders; newsletters, announcements, and other communications; gathering patient information; satisfaction surveys; results, notes, and prescriptions; care reminders; post-discharge education; and post-discharge follow-up.

This chart represents use cases validated by KLAS, and is not a comprehensive list of the functionality provided by each vendor.

PATIENT ENGAGEMENT

The Future of Patient Engagement

What percent are considering a purchase in the following categories?



TELEMEDICINE AND OTHER UPCOMING

- EVISIT Solutions
- Interoperability
- Population Health Management Performance
- Patient Engagement

THE RACES ARE ON



Let's Share

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QUESTIONS?