



Summit Executive Overview

Patient & Consumer Innovation Summit 2023

March 2024




Patient & Consumer Innovation Summit 2023

In November 2023, KLAS hosted the third Patient & Consumer Innovation (PCI) Summit in Salt Lake City, Utah. Thought leaders from healthcare delivery organizations and HIT companies were in attendance, along with—most importantly—patient representatives. All attendees came together to discuss the transformation necessary to more fully involve patients in healthcare and measure what matters most to healthcare organizations. Drawing on responses from both a pre-summit survey and small-group discussions at the summit, this paper highlights KLAS’ updated patient engagement framework and shares best practices for patient communication and patient self-scheduling.

The Updated KLAS Patient Engagement Framework

At KLAS’ [2019 Patient Engagement Summit](#), vendor and provider executives worked with KLAS to create The KLAS Patient Engagement Platform, which defined the key platform capabilities that are most important for healthcare organizations to leverage and for vendors to create. After the 2023 PCI Summit, KLAS used feedback from summit attendees, previous research on patient/provider priorities, and internal expertise to enhance the platform, resulting in The KLAS Patient Engagement Framework below.

The KLAS Patient Engagement Framework A model for simplified healthcare access and improved outcomes

| | Patient jobs that need to be done | Patient technology/capabilities | Provider technology/capabilities | Desired outcomes |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  Episodic patient engagement | Finding care | <ul style="list-style-type: none"> Find a provider[†] Triage/symptom checker | <ul style="list-style-type: none"> Online reputation management | <ul style="list-style-type: none"> ↑ Increased patient acquisition |
| | Accessing care | <ul style="list-style-type: none"> Self-scheduling[†] Self-registration/check-in Appointment reminders Telehealth Wayfinding | <ul style="list-style-type: none"> Referral management[†] Prior authorizations AI/chatbots & automated transcription Access to SDOH Telehealth | <ul style="list-style-type: none"> ↓ Decreased administrative burden ↑ Improved patient satisfaction ↑ More appointments filled |
| | Understanding pricing & paying for care | <ul style="list-style-type: none"> Price transparency Online bill pay Text-to-pay Payment plans | | <ul style="list-style-type: none"> ↑ Improved patient satisfaction ↓ Decreased costs ↑ Greater revenue |
|  Episodic & ongoing patient engagement | Communicating & messaging | <ul style="list-style-type: none"> Care team messaging Post-visit communication Prescription refill request | <ul style="list-style-type: none"> Customer segmentation/personas Real-time patient experience improvement[†] Care gap identification/reminders Customer relationship management | <ul style="list-style-type: none"> ↑ Improved patient satisfaction ↑ Improved real-time service recovery |
| | Accessing health information | <ul style="list-style-type: none"> Access to timely results Patient information accessibility | | <ul style="list-style-type: none"> ↑ Increased understanding among patients/clinicians ↑ More accurate decision-making |
| | Maintaining health & wellness | <ul style="list-style-type: none"> Timely patient education Remote patient monitoring Patient self-assessment | <ul style="list-style-type: none"> Population health management | <ul style="list-style-type: none"> ↑ Increased patient understanding ↓ Fewer readmissions |
|  Ongoing patient engagement | | | | |

Note: For the definition of each technology/capability (both patient focused and provider focused), see the [Technology/Capability Appendix](#) below. See also the section titled [Fundamental Principles to Consider in Your Patient Engagement Strategy & Technology Platform](#).

[†] Mainly for ambulatory care settings

[‡] Mainly for acute care settings

KLAS Market Segments with Insights on Patient & Provider Technology/Capabilities

★ KLAS has validated at least one vendor that offers capability

Click the [links](#) to view KLAS' measured segments

KLAS market segments

| Patient & provider technology/capabilities | Customer relationship management | | Interactive patient systems | | Patient education | | Patient financial engagement | | Patient portals | | Patient-driven care management | | Virtual care platforms | |
|--------------------------------------------|----------------------------------|------------------|-----------------------------|--------------------------------|---------------------------|-------------------------|------------------------------|---|-----------------|---|--------------------------------|---|------------------------|---|
| | Conversational AI | Digital rounding | Patient communications | Patient experience improvement | Patient intake management | Patient self-scheduling | Population health management | | | | | | | |
| Access to SDOH | | | | | | | | | ★ | | | | | |
| Access to timely results | | | | | | | | | ★ | | | | | |
| AI/chatbots & automated transcription | ★ | | | | ★ | | | | ★ | | | | | |
| Appointment reminders | | | | | ★ | | | ★ | ★ | | | | | |
| Care gap identification/reminders | | ★ | | ★ | ★ | | | | ★ | | | | | |
| Care team messaging | | | | ★ | ★ | | | | ★ | | | ★ | | |
| Customer relationship management | | ★ | | | | | | | | | | | | |
| Customer segmentation/personas | | ★ | | | ★ | | | | | | | | | ★ |
| Find a provider | ★ | | | | | | | | ★ | ★ | | | | |
| Online bill pay | | | | | | | | ★ | ★ | ★ | | | | |
| Online reputation management | | ★ | | | | | | | | | | | | |
| Patient information accessibility | | | | ★ | | | | | | ★ | | | | |
| Patient self-assessment | | | | ★ | ★ | | | | | ★ | | ★ | | |
| Payment plans | | | | | | | | ★ | | ★ | | | | |
| Population health management | | | | | | | | | | | | | | ★ |
| Post-visit communication | | ★ | | | ★ | ★ | | | | ★ | | ★ | | |
| Prescription refill request | | | | | ★ | | | | | ★ | | | | |
| Price transparency | | | | | | | | ★ | | ★ | | | | |
| Prior authorizations† | | | | | | | | | | | | | | |
| Real-time patient experience improvement | | ★ | ★ | | | | | ★ | | ★ | | | | |
| Referral management | | ★ | | | ★ | | | | | ★ | | | | |
| Remote patient monitoring | | | | | | | | | | | | ★ | | ★ |
| Self-registration/check-in | | | | | | | | | ★ | ★ | | | | |
| Self-scheduling | | | | | | | | | | ★ | ★ | | | |
| Telehealth | | | | | ★ | | | | | ★ | | | | ★ |
| Text-to-pay | | | | | | ★ | | ★ | | ★ | | | | |
| Timely patient education | ★ | | | ★ | ★ | ★ | | | | ★ | | | | |
| Triage/symptom checker | ★ | | | | | | | | | ★ | | | | |
| Wayfinding | | | | | ★ | | | | | | | | | |

† KLAS' prior authorization data is tracked outside of patient engagement market segments; click [here](#) to see current data.

Patient Communication Insights

Respondents to the pre-summit survey shared barriers that healthcare organizations are experiencing around patient communication. In small groups, summit attendees discussed these barriers and how to address them. Attendees also discussed how communication tools can be used to improve an organization's bottom line.

Top Barriers to Patient Communication & Advice from Attendees for How to Address Them

Overwhelmed providers and staff

- **Expand the use of AI** to triage and categorize messages. AI can also be used to generate responses (when appropriate) and suggest follow-up actions to patients, such as in-person visits, virtual visits, or self-care steps.
- **Analyze messaging patterns** in locations with high communication volumes to identify opportunities for process improvement.

Patients' limited access to technology

- **Utilize simple and highly accessible technology** solutions, such as automated phone calls, to connect with patients who may not have access to smartphones or who share a phone.

Language and translation issues

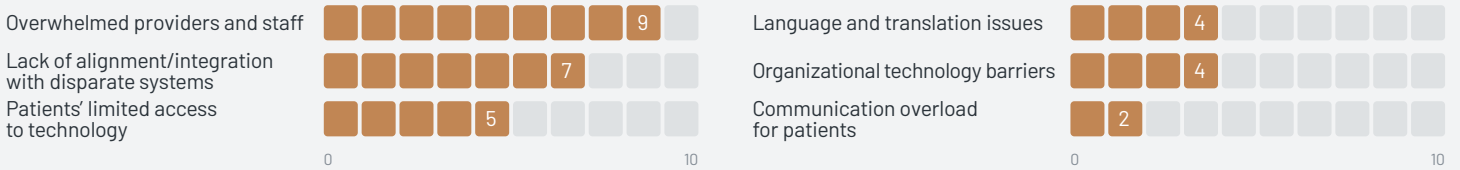
- **Use AI for real-time language translation** (with the understanding that it can introduce errors and mistranslations). This solution can help practitioners more effectively care for patients who speak a different language.

Organizational technology barriers

- Consider **consolidating** communication tools and **simplifying** the organization's technology stack via further technology developments and/or vendor partnerships.

Note: Attendees also advise provider organizations to (1) use data (including patient communication preferences) to personalize outreach/offers and make suggestions that better meet consumer needs and (2) balance data personalization with privacy/security and be mindful of potential liability issues.

Top Patient Communication Barriers for Providers (n=35)

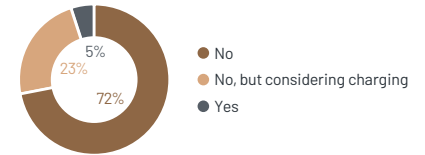


Note: Barriers mentioned only once are not charted. These barriers include lack of clear and consistent communication before/after care, lack of robust vendor offerings, low portal adoption, and regulatory compliance.

How Are Communication Tools Being Used to Improve an Organization's Bottom Line?

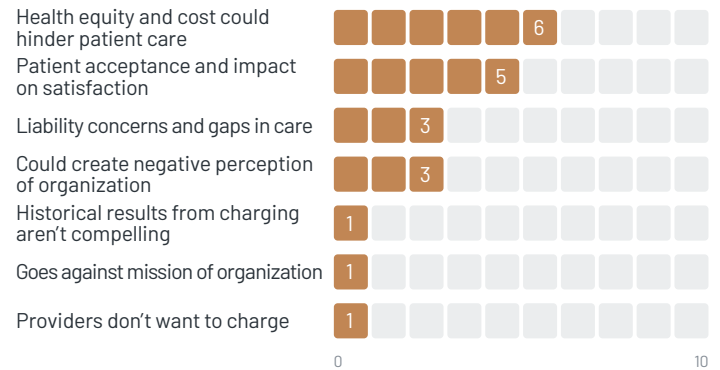
- Automated text messaging is used for appointment reminders and to fill open slots, reduce no-shows, and increase the number of patients getting preventive screenings.
- There is high ROI from automating administrative tasks (e.g., patient outreach, patient scheduling, pre-service authorization, insurance claim processing); the FTEs who traditionally managed these tasks are no longer needed or have been repurposed for other needs.
- Provider organizations are starting to implement voicebots to reduce the number of calls that require human interaction.
- Organizations are using (1) proactive outreach to close care gaps and improve downstream revenue and (2) personalized patient education to improve engagement and reduce provider burden during appointments.
- Some respondent organizations are taking a new approach to generating revenue by charging for patient messages. However, the majority aren't considering this option for various reasons (see charts to the right). One attendee who is considering the option shared, "We are considering charging for patient portal/patient messaging and offering it as a subscription service. As these tools have become more popular, we have been providing more and more medical care to patients via portal messages. This care is uncompensated and unsustainable."

Is Your Organization Charging Patients for Messages? (n=39)



Concerns with Charging Patients for Messages

Concerns of respondents who currently don't charge for messages; respondents could mention more than one concern (n=28)



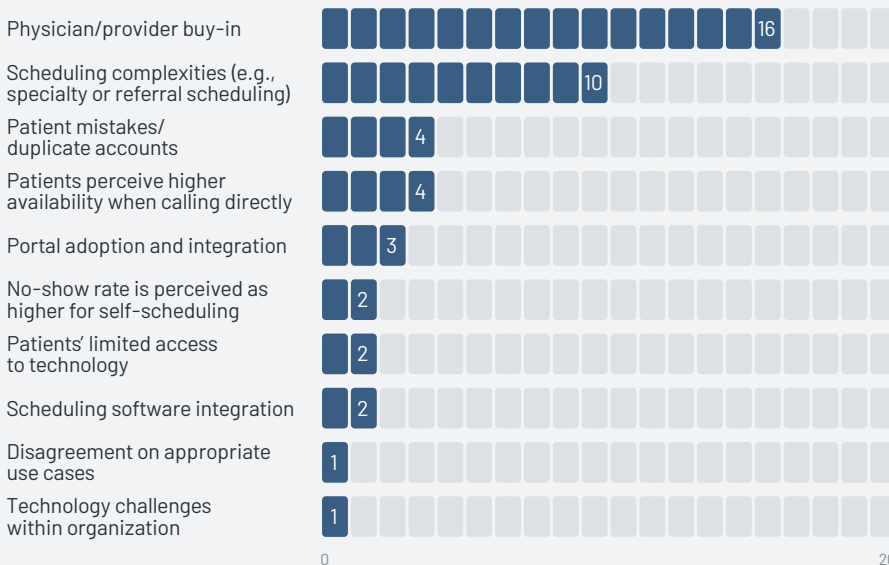
Note: Some respondents didn't specify concerns with charging patients for messages.

Patient Self-Scheduling Insights

Respondents to the pre-summit survey report several different areas in which patients are successfully using patient self-scheduling. These areas include family medicine, general pediatrics, OB/GYN, and physical therapy (forms of primary care), along with mammography, ophthalmology, and orthopedics (forms of specialty care). In specialty practices specifically, the use of self-scheduling has led to a reduced call volume and an increased number of patients. Still, several barriers were mentioned, and there are things both provider organizations and HIT vendors can do to streamline self-scheduling for patients.

Patient Self-Scheduling Barriers for Providers

Respondents could mention more than one barrier (n=41)



Change Management Is Essential for Addressing Self-Scheduling Barriers

Most barriers to patient self-scheduling relate to organizational/change management rather than the technology itself. To alleviate barriers related to change management, organizations can do the following:

- Have self-scheduling be a core component of your patient engagement strategy and commit resources to change management.
- Debunk myths (e.g., "digital platforms create disparities among patients") and increase care equity by creating digital platforms that benefit both clinicians and patients, especially those in rural communities.
- Define the self-scheduling governance structure to oversee the change management process, identify organizational champions who support the initiative, and standardize self-scheduling practices.
- Obtain complete buy-in from clinical and administrative leadership teams.
- Track progress with accurate reporting and communicate that progress.

What Do Provider Organizations Need from Vendors to Be Successful with Self-Scheduling?

- **A willingness to solve enterprise scheduling and integration challenges:** It is difficult and inefficient for organizations to aggregate information when there are multiple scheduling, registration, and billing solutions.
- **Transparency around technology capabilities and provider resource requirements:** Due to outdated technology and a lack of necessary resources, provider organizations are often unable to fully utilize their current systems to effectively facilitate self-scheduling.
- **Options for automated triage and patient self-service systems:** Provider organizations are looking to divert patients from unnecessary appointments and guide them to appropriate resources.
- **Enhanced communication and improved data utilization:** Organizations expect vendors to proactively inform them of potential issues and provide insights to aid in optimizing usage.

What Do Vendors Need from Provider Organizations to Successfully Support Self-Scheduling?

- **A partnership approach:** Vendors and provider organizations should collaborate to identify essential features, establish KPIs, and address issues holistically across the continuum of care. Provider organizations using the same software should also collaborate with each other.
- **Effective communication and education within the organization:** Provider organizations should notify their clinicians and care teams about available self-scheduling features and educate patients who prefer traditional scheduling methods on how to use the system.
- **A strategic approach to self-scheduling:** Provider organizations should help vendors (1) focus on high-demand appointments with minimal prerequisites and (2) engage provider groups that are receptive to self-scheduling.

Best Practices for Starting with Self-Scheduling

Across multiple industries, consumerism and digital scheduling are shifting more control to customers, and the healthcare industry is starting to follow suit. Provider organizations looking to start with self-scheduling should keep the following best practices in mind:

- Use top-down leadership to choose a technology partner that offers an enterprise scheduling system.
- Develop the technology so that appointment types are standardized; set up rules with physician preferences.
- Ensure appointment names are clear and simple for patients to understand and differentiate.
- Provide multiple options for existing and prospective patients to schedule appointments, including a website, an app, or texts.
- Allow patients the ability to review and correct information after booking an appointment.
- Provide waitlist access when necessary.
- Use automated reminders, and allow for cancellations and rescheduling.
- For long-term success, it is critical to get and maintain organizational, clinical, and administrative buy-in; support users to prevent them from regressing to old habits.

Findings from the KLAS Patient Voice Collaborative

The KLAS Patient Voice Collaborative is a growing group of healthcare organizations committed to using patient perspectives to improve the overall patient experience with technology. Though this initiative is still in its early stages, KLAS has already interviewed thousands of patients to gain insights into their experiences with healthcare IT. With these insights, the Patient Voice Collaborative intends to:

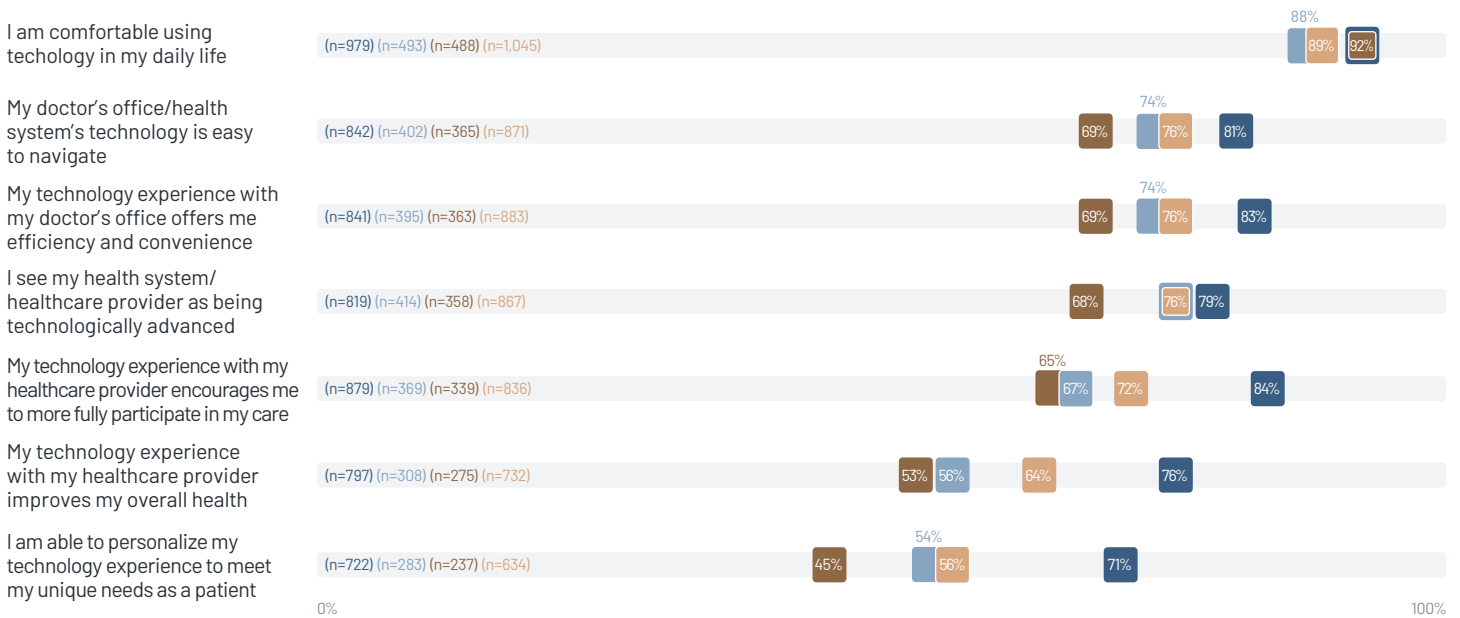
- Align healthcare organizations with patient needs
- Enable collaboration between healthcare organizations and vendors to better serve patients
- Benchmark organizations' alignment with patients and measure ongoing progress
- Track patient trends and preferences
- Discover and share best practices on how organizations can leverage technology to enhance the patient experience

A Look at Initial Measurements

- In the last several months, patients were surveyed at 4 participating organizations:
 - Alameda Health System
 - Baptist Health Jacksonville
 - Indiana University Health
 - University of Kansas Health System
- Survey includes 14 questions focused on the following:
 - Patient's comfort with technology in general and at the organization
 - Technology's impact on patient's likelihood to continue services at their organization
 - Usage and impact of patient-facing capabilities
 - Patients' technology wishes for the organization
 - Demographic information
- Results come from roughly 4,000 patient responses and were shared by KLAS for the first time at the PCI Summit

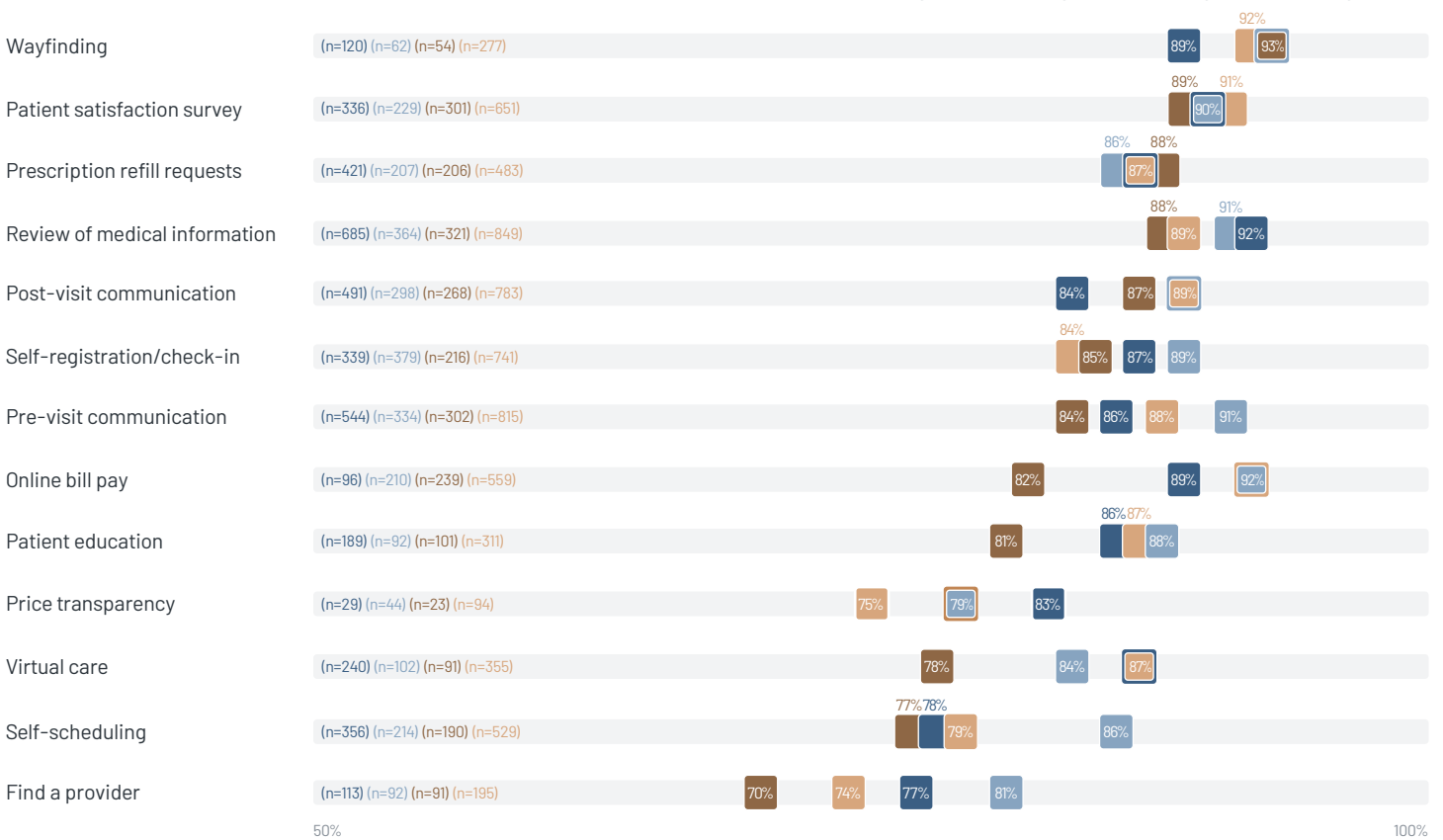
Patients' Experience with Technology

Percentage of patients who agree or strongly agree with statement; ordered by average percentage



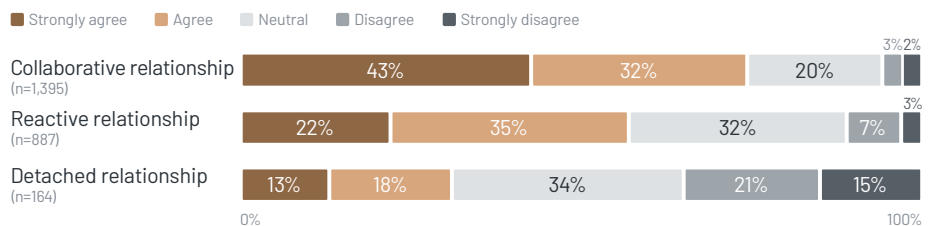
Patient Perception of How Well Their Needs Were Met

Percentage of patients who said their needs were met; ordered by average percentage



For more information on KLAS Patient Voice Collaborative or to be added to the waitlist of healthcare organizations looking to participate, please contact KLAS at patientengagement@klasresearch.com.

Patient Agreement That Provider Technology Experience Improves Overall Health—by Patient Relationship with Provider



Note: Due to rounding, percentages may not add to 100%.

Technology/Capabilities Appendix

Patient-Focused Technology/Capabilities

- **Access to timely results:** The immediate release of most test results and healthcare information.
- **Appointment reminders:** Electronic communication informing patients of upcoming healthcare appointments.
- **Care team messaging:** The ability for patients and caregivers to send and receive electronic messages with their healthcare provider and staff. Includes generative AI-drafted responses for healthcare providers and staff.
- **Find a provider:** Tools that allow patients and consumers to locate specific providers who can meet their immediate care needs. May include the ability for patients and consumers to view and compare providers' profiles (e.g., background, specialties, quality measures).
- **Online bill pay:** Ability for patients to pay bills online. May include bill details/explanations or the ability to view account details, including itemized costs (not just amount due).
- **Patient information accessibility:** Providing patients with easy digital access to all of their personal health information and records.
- **Patient self-assessment:** Process by which patients evaluate themselves through a questionnaire or self-guided test.
- **Payment plans:** An agreement between the patient/consumer and the healthcare organization, where payment for service is spread across a defined period of time.
- **Post-visit communication:** Patients' ability to communicate with care team through various means following a scheduled episode of care. May include post-visit follow-up (outreach and tracking tools that check in with patients after a procedure to ensure they are recovering and to schedule follow-up appointments if needed), care gap reminders (analytics tools that help caregivers identify lapses in ongoing care for individual patients and automate outreach), or care-plan adherence reminders (outreach and tracking tools that remind patients of tasks and request confirmation upon completion).
- **Prescription refill request:** Patients' ability to electronically request that refill prescriptions be forwarded to appropriate pharmacies.
- **Price transparency:** Financial information that helps patients and consumers understand the cost of a healthcare service before receiving care.
- **Remote patient monitoring:** Solutions that acquire, store, transmit, and display electronic health information from patients who are outside of conventional clinical settings (most often at home). Data may include biometric device readings (e.g., vital signs, weight, blood sugar, oxygen levels) and patient-reported data (e.g., mood, comfort level, medication adherence).
- **Self-registration/check-in:** Patients' ability to fill out registration forms remotely or at a kiosk. Can also be used for pre-registration forms, screenings, consent forms, surveys, family history information, etc.
- **Self-scheduling:** Patients' ability to schedule appointments online without live assistance.
- **Telehealth:** Platforms that facilitate interactions between patients and providers in lieu of face-to-face visits. May include virtual visits (typically real-time video visits) or remote patient monitoring (see definition above).
- **Text-to-pay:** Payment system that allows patients and consumers to pay for healthcare services from their phone via text.
- **Timely patient education:** Tools that deliver timely education content and instructions relating to a patient's care at any stage in the care continuum. May include previsit education/instructions, on-site education, discharge education/instructions, or wellness education.
- **Triage/system checker:** Tools in which patients can enter their symptoms and biodata to receive a set of likely diagnoses and associated triage advice, which directs them to appropriate medical services.
- **Wayfinding:** Knowing one's current location in a building/environment and understanding how to get to another location.

Provider-Focused Technology/Capabilities

- **Access to SDOH:** Providers' and care teams' ability to access patients' social determinants of health (SDOH) information, which consists of non-medical factors that influence health outcomes (e.g., birth, work, and living conditions; age; socioeconomic forces/systems that shape conditions of daily life).
- **AI/chatbots & automated transcription:**
 - AI/chatbots: Computer programs utilizing AI to simulate and process human conversation, allowing humans to interact with digital devices as if they were communicating with a real person.
 - Automated transcription: Using AI to accurately and instantly convert live conversations between patients and providers into text.
- **Care gap identification/reminders:** Identifying discrepancies between recommended best practices and the care actually being provided to patients, then alerting patients about discrepancies (e.g., alerting a patient when they are overdue for a recommended screening, determined on age and other risk factors).
- **Customer relationship management:** Systems that manage and organize patient contact data, both for current patients and potential/acquired patients. These tools are also used for improving care collaboration.
- **Customer segmentation/personas:** Dividing a patient population into smaller, more-specific groups based on common characteristics (e.g., demographics, behaviors, diagnoses, communication preferences) to provide more personalized care.

- **Online reputation management:** All digital/online activities that shape consumers' opinions of an organization or individual.
- **Population health management:** The health status and health outcomes of a group of individuals, including the distribution of such outcomes across the group.
- **Prior authorizations:** Approval from a health plan that may be required before a patient can receive a service or fill a prescription and have that service or prescription be covered by the health plan.
- **Real-time patient experience improvement:** Ability to gather, analyze, and react in real time to patient needs, thus improving their experience. May include patient satisfaction surveys/analytics, capabilities delivered through IPS tools, or digital rounding tools (to help staff formally and proactively check in with patients, families, and staff on a predetermined schedule).
- **Referral management:** Process by which a patient is referred to another clinician by their current healthcare provider.
- **Telehealth:** See definition under patient-focused technology/capabilities.

Fundamental Principles to Consider in Your Patient Engagement Strategy & Technology Platform

Key Principles of a Patient Engagement Strategy

The list below was created during KLAS' [2018 Patient Engagement Summit](#) and provides a foundation for patient participation, provider strategies, and vendor development.

- **Patient-centric:** Actively helped by their providers, patients achieve their own goals for their health and care.
- **Personalized:** Providers get to know their patients and provide a personalized experience, meeting patients where they are (for example, by taking into account social determinants and patient preferences).
- **Connected:** Providers maintain constant and meaningful communication with patients, patient families, and other caregivers. Care is well coordinated between all parties.
- **Simple:** Engagement tools and processes are as easy to use and convenient as possible for patients and their families.
- **Timely:** Care delivery and interactions happen on time. Information, including health data, is made available to patients in real time.
- **Continuous:** Patient/provider relationships extend beyond individual episodes of care. Care plans and other patient requirements (including financial) are documented and communicated and represent a pathway into the future.
- **Measured:** Providers continuously measure their performance in achieving their patients' goals and in achieving their own organizations' patient engagement goals, adjusting strategies as needed over time.

Key Fundamentals of Patient Engagement Technology

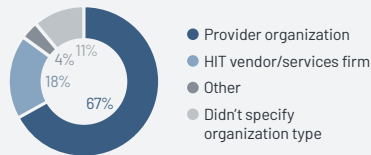
To help provider and vendor organizations achieve the principles to the left, patient engagement solutions and strategies should be built around the following fundamentals:

- **Secure:** Tools must be secure and compliant with all privacy laws.
- **Integrated:** Tools must be able to seamlessly integrate with necessary systems, such as EHRs, patient accounting systems, and other patient engagement tools.
- **Multilanguage:** Tools should offer multiple languages to ensure patients are able to engage in their care in their native language.
- **Mobile friendly:** Tools should be built with the mobile experience in mind, whether that involves native mobile apps or leveraging text messaging and other mobile capabilities.
- **Personalized:** Tools should be personalized to the patient; for example, they should be able to capture patient preferences, enroll and involve family and caregivers, and capture patients' health goals.
- **Transparent:** Tools should give patients access to their own data and visibility into their health information and the decisions made on their behalf.
- **Consolidated:** Patients desire a one-stop-shop experience. Tools should minimize the need for patients to use multiple tools to engage in their care.
- **Portable:** Tools should give patients the ability to share their information with others (providers, family, caregivers, etc.)

Summit Attendees

KLAS conducted a pre-summit survey to supplement and provide additional data and context for the small-group discussions during the summit. The survey focused on gathering feedback to refine the patient engagement framework capabilities and to unveil barriers around patient communication and self-scheduling.

Pre-Summit Survey Respondents—by Attendee Type (n=45)



Alyson Erwin, Chief Product Officer, Healthwise

Amy Betterton, Director of Clinical Systems, Sharp HealthCare

Amy Chaumeton, Associate Chief Medical Officer, Legacy Health

Andrew Carroll, CEO, Founder, Medical Director, Atembis

Angella Herrman, System Informatics Manager, The University of Kansas Health System

Ben Seals, CEO, Thomas Eye Group

Bert Compton, Director of Digital Strategy, University of Utah Health

Brent Hansen, Sales Director, Flywire

Carrie Kozlowski, COO, Upfront Healthcare

Celia Whatley, Vice President, Product Management, Lightbeam Health Solutions

Charles Van Duynes, Consultant, MD MS

Chris Robertson, Director of Consumer Digital Experience, Intermountain Health

Christine White, Director of Patient Education and Clinical Support, Novant Health

Christopher Youngman, Chief Medical Officer, Wayne Pediatrics; Assistant Professor of Pediatrics, Wayne State University

Christy Benson, Associate Director of Information Technology, University of Utah Health

Cindy Fullerton, Strategic Account Executive, Luma Health

Crystal Broj, Chief Digital Transformation Officer, MUSC

David Higginson, EVP/Chief Innovation Officer, Phoenix Children's Hospital

David Wright, Chief Operating Officer, Vital Software

Donna Robinson, Chief Commercial Officer, Televox

Doug Nelson, Medical Director of Informatics, Intermountain Health

Eduard de Vries, CIO, Axia Women's Health

Emily Kapszukiewicz, Director of Consumer Strategy and Insights, Legacy Health

Greg O'Neill, Director of Patient & Family Health Education, ChristianaCare

Hollie Keffer, Patient and Family Advisory Council Member, Baptist Medical Center Nassau

Howard Levy, CMIO, Maryland Primary Care Physicians

Jake Mendenhall, Client Experience Manager, Central City Concern

James Cotton, Assistant Professor, University of New Mexico

Jared Wakefield, Senior Director of Client Access Services, Central City Concern

Jared Jeffery, Founder & CEO, healthKERI

Jeff Johnson, VP, Innovation and Digital Business, Banner Health

Jeremy Rogers, Executive Director, Digital Marketing and Experience, Indiana University Health

John Joe, Co-Founder and CEO, Vigor Medical Systems

Julie Frahm, Director, Consumer Digital Products, Sharp HealthCare

Justin Sill, Patient Experience, Centra Health

Kaitlyn Torrence, Executive Director, Health Solutions, MUSC

Katie Mack, Associate Director of Product, Patient & Member Engagement, Wolters Kluwer

Katie Hare, Account Success Team Lead, Lightbeam Health Solutions

Kelley Aurand, CMIO, Legacy Health

Kera Luckritz, Associate Chief Medical Information Officer, Michigan Medicine

Kira Novak, Senior Manager, Strategic Design and Intervention, Deloitte

Kjrk Reyerson, Senior Managing Consultant—Digital Strategy and Planning, Tegria

Kristina Belk, Director, Performance Management Strategy Office, Gillette Children's

Kyndrea Head, Senior Manager, Deloitte

Laura Marquez, Senior Director for Digital Transformation, University of Utah Health

Lauren Kelly, Director, Systems Integration, Vision Innovation Partners

Lindsay Quinlan, Head of Product, Health Recovery Solutions

Lukas Chandler, Senior Analyst, The Health Management Academy

Marcee Chmait, Head of Digital Partnerships & Business Development, Providence Digital Innovation Group

Mari Ransco, Senior Director, Patient Experience, University of Utah Health

Marteen Santerre, Director of Patient Engagement, MaineHealth

Megan Sandin, Project Manager, Gillette Children's

Melissa Shipp, Vice President, OSF OnCall Digital Experience, OSF HealthCare

Mike Lamb, CEO, Clearwave

Nadeem Ahmed, Chief Medical Information Officer, Aga Khan University Hospital

Natasha Bartz, Senior Patient Access Educator, Gillette Children's

Peter Bonamici, Vice President, Tegria

Raju Patel, Vice President of IT Applications and Data Management, American Vision Partners

Rich Temple, Vice President / Chief Information Officer, Deborah Heart and Lung Center

Rich Steinle, CEO, Carium

Hal Baker, Senior VP & Chief Digital & Information Officer, WellSpan Health

Robbie Carlile, Client Success Director, Flywire

Ruth Schleyer, Vice President & Chief Nursing Informatics Officer, Legacy Health

Sara Meinke, Senior Director, Enterprise IT Ambulatory Network Innovation, Baptist Health Jacksonville

Sara Vaezy, EVP, Chief Strategy & Digital Officer, Providence

Sarah Rahman, ACMIO, Alameda Health System

Sean Bina, VP of Access & Patient Experience, Epic

Steve Schiebel, CMIO, Allegro Pediatrics

Toni Beard, PFAC, Intermountain Health

Trevor Berceau, Product Development Lead Epic

Timothy Shiu, Chief Health Information Officer and Vice President, Digital Clinical Transformation, ChristianaCare

Tristan Fin, Executive Director of Clinical Systems, University of New Mexico Hospital

Vicky Wickline, Senior Vice President, Client Success, Get Well

Victoria Alexander, Consultant, Tegria



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KLAS makes significant effort to identify all organizations within a vendor's customer base so that KLAS scores are based on a representative random sample. However, since not all vendors share complete customer lists and some customers decline to participate, KLAS cannot claim a random representative sample for each solution. Therefore, while KLAS scores should be interpreted as KLAS' best effort to quantify the customer experience for each solution measured, they may contain both quantifiable and unidentifiable variation.

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Note

Performance scores may change significantly when additional organizations are interviewed, especially when the existing sample size is limited, as in an emerging market with a small number of live clients.



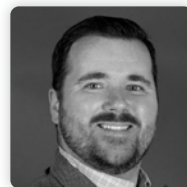
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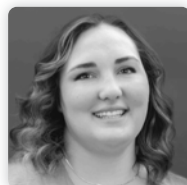


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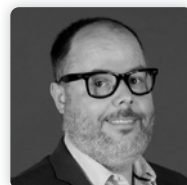
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Improving the world's healthcare through collaboration, insights, and transparency.

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