

Who is KLAS?

How Does KLAS Differentiate Vendors?

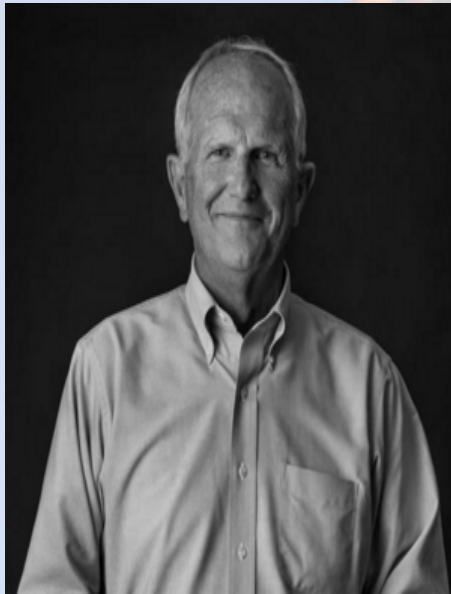
Jason Hess
Garrett Hall

Certified Technology Comparison Task Force
Virtual Hearing
January 15, 2016



KLAS®

ACCURATE. HONEST. IMPARTIAL.



Kent Gale
Founder/Chairman

Improve the world's healthcare

By providing transparency to every major healthcare technology and services decision

- Kent is responsible for international marketing/sales for HIT company about to go public
- Looking to optimize numbers for the IPO, company discusses laying off service/support personnel to cut costs and increase short-term profitability
- Kent, dismayed, begins to wonder how a provider could know how a prospective vendor is actually performing before signing a contract
- 1996 KLAS is organized and begins to collect direct provider feedback on vendor performance

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Who does KLAS speak with?



Scope Questions
A. When was the project completed? (List end date or "ongoing")
B. How many consultants were on site, if any?
C.
D. If ongoing, list the project start date
E. Without breaking confidence, what were the overall costs of the services provided?
Performance Questions
Ratings Scale: 1 (Low) through 9 (High) 9 = Extremely Satisfied: Flawless, could not be better. 4 = Somewhat Dissatisfied 8 = Very Satisfied: Little if any negative, almost perfect. 3 = Dissatisfied: Significant issues 7 = Satisfied: Insignificant number of unresolved issues. 2 = Very Dissatisfied 6 = Somewhat Satisfied: Some bad things happen. 1 = Extremely Dissatisfied 5 = Acceptable/OK: Most issues resolved over time
Sales & Contracting
1. Contract process, terms, and administration
2. Services delivered as sold in the proposal and contract
3. Received your money's worth
4. Avoids charging for every little thing
Service Delivery
5. Service delivery meets the contracted time frame
6. Staff is trained and knowledgeable of the product, the industry, and needs
7. Vendor executive involvement
8. Lives up to expectations
9. Keeps promises
General
10. Demonstrates real problem resolution
11. Overall communication with your organization
12. Likely to recommend to a peer or friend
13. Overall satisfaction
14. Would you buy this again?
15. Rank this service compared to others you are familiar with (1=the best, 2=one of best, 3=NOT one of best)

Service 1: Service 2: Service 3:

Optimization Services-2016

Owner: Garrett H.

Respondent:		Title:	
Organization:		Facility Type:	

Scope: Director level and above for Acute Care organizations above 200 beds and affiliated ambulatory sites. Must have or had at least 10 consultants for a week or longer.

Theme: Optimization has seen a huge increase in demand due to the number of go-lives in recent years and the need for more optimized systems. This report is meant to help providers understand what services these Optimization firms provide and how well they perform in the provided areas.

Scoping Questions:

- Optimization Support firm: _____ (Must be different from the software vendor listed below)
- Was this engagement pre-implementation, during implementation, or post implementation?
- What was the approximate budget for this engagement: \$ _____
[<\$250,000; \$250,00-\$500,00; \$500,000-\$750,000; >\$750,000]
- Vendor / Software Optimized: _____
- Number of Consultants: _____
- Length of Project in weeks: _____

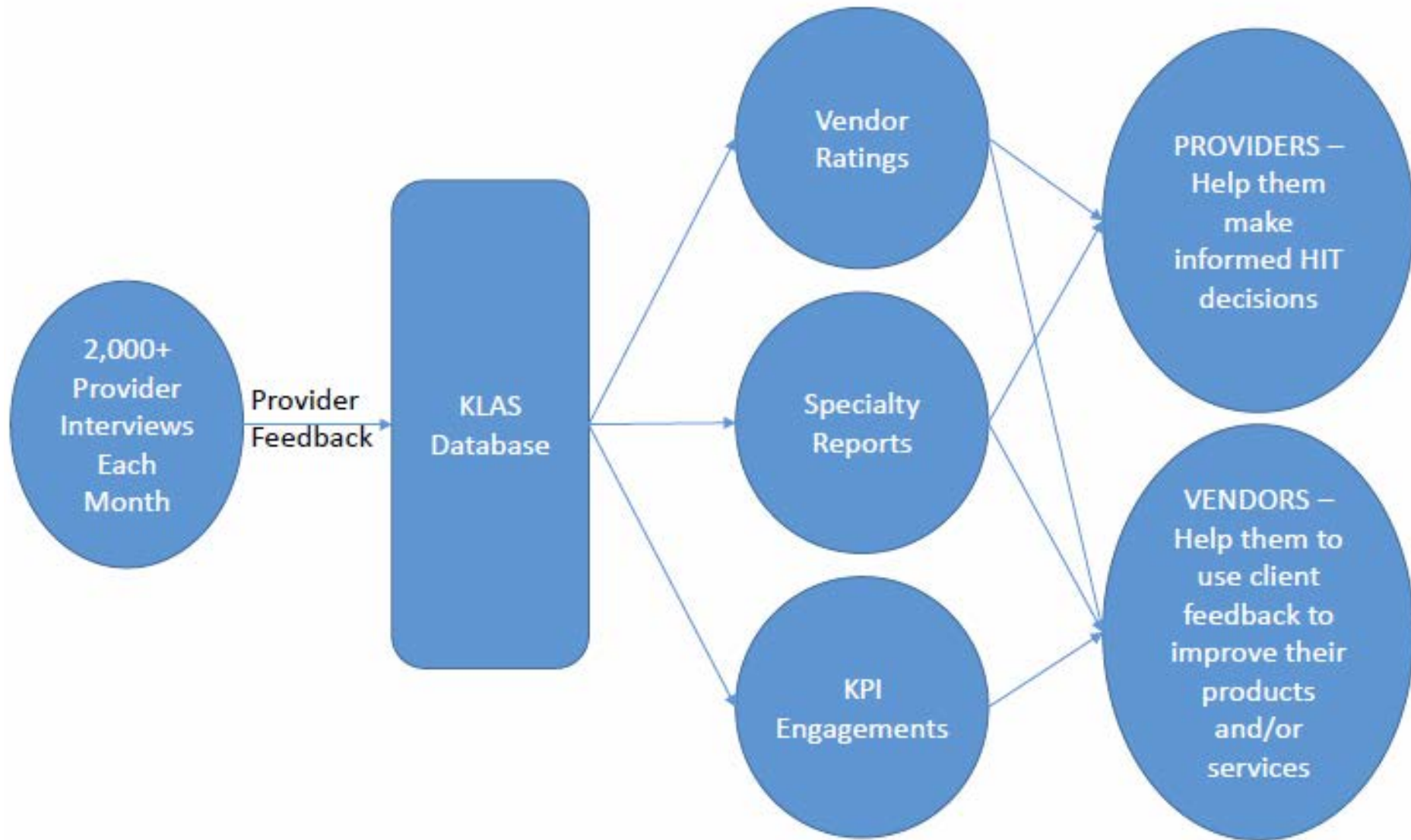
1. Rate the performance of the following services you received from the Service firm during your Optimization project.
(1-9; 9-very strong, 1- very poor)

Areas	Score all that apply 1-9, N/A	Comments (Required for areas with scores)
A. Workflow refinement		
B. Application Enhancement		

2. How much impact did this Optimization firm produce on efficiency and/or bottom line?
[significantly positive, slightly positive, no impact, slightly negative, significantly negative]
3. What were the main specific tangible results of this optimization engagement?

Additional comments:

HOW KLAS WORKS – VENDOR DIFFERENTIATION



HOW KLAS WORKS – VENDOR DIFFERENTIATION, continued

☆ Population Health

Applied Filters: None ▾

HEALTHCARE SEGMENT EXPERT



Mark Allphin
Direct Contact: [Email](#)

Market Segment Description
Pre-packaged IT Solutions that provide analytics and care management functions to understand, analyze, and proactively manage patient populations.

BEST IN KLAS AWARDS ?

2014 Best in KLAS Awards: Software and Services

- 1 [Phytel Phytel Population Health Management Suite](#) 88.8
- 2 [Optum Optum One Population Health](#) 80.1

* Rankings were calculated in January 2015

PRODUCTS ?

[Data Definitions](#)

KLAS Rated Products

- Click to Rate Product

Vendor	Product	Overall Score	Annual Trend	Konfidence	
Enli	Enli CareManager	 90.1			
Phytel	Phytel Population Health Management Suite	 88.7			
Epic	Healthy Planet	 88.2			
eClinicalWorks	eClinicalWorks CCMR	 81.1			
Wellcentive	Advance Outcomes Manager	 79.8			
Optum	Optum One Population Health	 78.2			
Valence Health	VISION	 77.6			

HOW KLAS WORKS – VENDOR DIFFERENTIATION, continued



HOW KLAS WORKS – VENDOR DIFFERENTIATION, continued



HOW KLAS WORKS – VENDOR DIFFERENTIATION, continued

☆ **Phytel Population Health Management Suite** Market Segment: Population Health

Applied Filters: None ▾

[Data Definitions](#)

Overview **Full Report Card** Trending Details User Comments Alerts

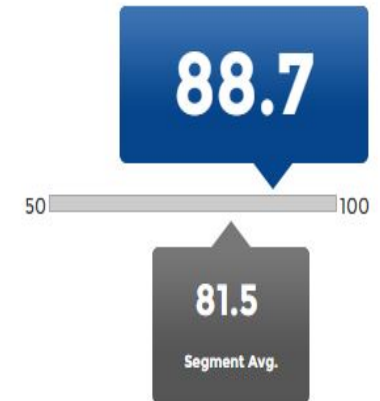
REPORT CARD DETAILS ?

● Well Above Average
 ● Above Average
 ● Average
 ● Below Average
 ● Well Below Average

Sales & Contracting	Phytel Population Health Management Suite	Software Avg.
Product works as promoted	● 8.0	7.3
Money's worth	● 8.0	7.2
Avoids charging for every little thing	● 84 %	75 %
Category Average (Score out of 100)	● 87.4	78.9

Implementation & Training	Phytel Population Health Management Suite	Software Avg.
Quality of implementation	● 8.0	7.1
Quality of training	● 8.2	7.1
Category Average (Score out of 100)	● 89.7	78.9

OVERALL SCORE ?



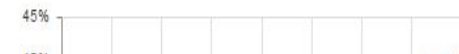
KONFIDENCE ?



SCORE VARIATION ?



SCORE DISTRIBUTION



HOW KLAS WORKS – VENDOR DIFFERENTIATION, continued

Rating	Commentary	Job Level	Date ▼	Category
↑	Phytel has good service. We had an extremely aggressive time frame when we were implementing their system, and Phytel came in and finished the implementation in the time frame we gave them. They are also responsive to our needs and questions. There are some things they can't help us with, and we don't like to hear that. But they always respond.	CIO	Jan 2016	Implementation and Training
↓	This system is very expensive. We question how much long-term value we get from it. We have some general challenges with patient attribution and with identifying patients based on payer mix. Phytel's development of new technology and features is slower than we expected it to be. We are not sure what our long-term plan with Phytel is.	CIO	Jan 2016	ROI / Cost (care and feeding)
↓	I have not been enamored with Phytel since they were purchased by IBM. They have not been able to bring our claims data in without charging us an arm and a leg. So we are starting to look at some other vendors that can combine our claims data and our EHR data better. Phytel is just expensive. And every time we let them do something new, they nickel-and-dime us a lot.	CIO	Jan 2016	ROI / Cost (care and feeding)
↓	Phytel has great potential, but their financial model is not good.	CIO	Jan 2016	ROI / Cost (care and feeding)
↓	Phytel's integration between claims and the EHR is not cost-effective. That is where they do not do well. We did a proof of concept with them, and it was ridiculously pricey to move it forward. We also paid them for R&D, and they won't even extend it without charging us extra.	CIO	Jan 2016	ROI / Cost (care and feeding)
↔	Custom interfaces for Phytel Outreach can get expensive. They can be done, but they are so expensive. Every time a contract changes, we have to make lots of changes, and those changes require interface changes. The way Phytel has historically charged won't work moving forward. That way is too expensive. We have gotten them to look at that issue, and they have listened to us. Initially, they just told us to consolidate to one EMR, but we can't do that unless we have hundreds of millions of dollars. They are now listening to us and changing their approach. Now that IBM has bought them, they are listening even better. With Explorys and now Phytel together under IBM, I see a strong solution and team coming together.	CIO	Nov 2015	Other Observations & Comments
↑	With Phytel Outreach, we have been using about a dozen different protocols. We have been pulling data from several sources and populating our data warehouse, and then we have had Phytel Outreach remind patients to make appointments, come to appointments, and so forth. Phytel Outreach has proved its value; we have seen an ROI as our patient volume has increased and as we have hit our quality goals. As an organization, we are now trying to decide how we are going to move forward with the product.	CIO	Nov 2015	ROI / Cost (care and feeding)
↓	We use Phytel Outreach at a very limited number of sites, and despite Phytel's best efforts, we are not expanding our utilization of it. We have had a very challenging relationship with Phytel recently. With Phytel Outreach, Phytel overpromised and underdelivered. I don't feel good about that. We have been very transparent with them about that, and that is why they keep trying to sell us their product.	CEO/President	Oct 2015	Relationship
↓	I found out that we can't break down the Outreach piece by certain measures we would like to use. Sometimes there is a certain doctor we picked the measures for, but all of the reminders will go out to all the doctors. The reminders can't be separated by the doctor we picked the measures for.	VP/Other Executive	Oct 2015	Functionality and Upgrades
↑	Phytel gives us the tools to be able to motivate patients in their care through both Phytel Coordinate and Phytel Outreach. We are provided with reminders, and the clinical staff has the ability to understand care gaps and do both automated outreach and office-based outreach.	VP/Other Executive	Oct 2015	Functionality and Upgrades

KLAS PUBLISHED 62 REPORTS IN 2015

SECURE MESSAGING 2015:
FIRST LOOK AT WHO PROVIDERS ARE
CONSIDERING AND WHY

KLAS | SEPTEMBER 2015 | PERCEPTION REPORT




HEALTH DATA SECURITY
155 VENDORS IDENTIFIED—WHO IS PROTECTING
YOUR DATA?

KLAS | AUGUST 2015 | PERCEPTION REPORT



**POPULATION HEALTH
MANAGEMENT**
WHICH VENDORS STAND OUT?

KLAS | JUNE 2015 | PERCEPTION REPORT




**THE EMERGING
PAYVIDER MARKET**
WHICH VENDORS MATTER MOST?

KLAS | OCTOBER 2015 | PERCEPTION REPORT




INTEROPERABILITY 2015
ARE WE LIFTING TOGETHER?

KLAS | SEPTEMBER 2015 | PERFORMANCE REPORT



VALUE-BASED CARE
MAKING THE SHIFT: WHO CAN HELP?

KLAS | NOVEMBER 2015 | PERFORMANCE REPORT



TOP SEGMENTS BY ACCESS LAST 12 MONTHS

Segments	Number of data downloads
Ambulatory EMR	73,115
Acute Care EMR	38,785
Practice Management	25,542
PACS	24,630
Patient Accounting and Patient Management	14,041
Homecare	13,921
Business Intelligence/Analytics	13,655
Cardiology	11,491
Population Health	11,407
Integration Engines	10,231
Claims and Clearinghouse	9,710
Radiology	9,653
Planning & Assessment	8,961
Health Information Exchange (HIE)	8,920
Laboratory	8,835
Patient Portals	7,384
ERP	7,310
Emergency Department	7,175
Patient Access	6,864
Anesthesia	6,493

WORKING WITH THE GOVERNMENT

- DHA/DHMSM
 - Provided insights for selection process
 - Continue to provide consultative services, such as:
 - Insights into Cerner/Leidos strengths and weaknesses
 - Interoperability
 - Implementation and Deployment strategies
 - Specific market segment vendor ratings/performance
- ONC
 - Providing access to KLAS data
 - Providing insights and assistance as we measure Interoperability