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VIRTUAL CARE MANAGEMENT **SOLUTIONS ENABLING** OMNICHANNEL CARE

A Chilmark Research Market Trends Report **Published July 2021**



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Key Takeaways



Omnichannel Platforms aim to become the centerpiece of provider workflow

These platforms turn the EHR into just one of many data sources feeding their workflows and analytics

New interoperability rules and the growing adoption of APIs makes developing and integrating new data sources easier than ever

Leading solutions have crossed over from simple data aggregation and reporting to transform their breadth of data into automated activity and condensed recommendations



Payers and Employers are providing access to more virtual care sources than ever before

Payers and employers are the fastest growing segment driving adoption of omnichannel care management

Reduced costs and overall utilization are valuable to health systems, payers, and employers

Solutions must include tools for overall wellness, behavioral health, and an integrated care model to successfully impact patient health



Omnichannel Care offers better tools for engaging and sustaining the health of chronic patients.

Longitudinal monitoring and increased patient involvement in care drastically improve health outcomes, while targeted use of virtual tools reduces the impact on providers.

Creating and maintaining patient-provider trust and long-term relationships is key to both ongoing revenue and improved patient outcomes

The most successful vendors cover as many chronic conditions as possible, while also offering services for other types of virtual engagement

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Report Preview

Defining Virtual and Omnichannel Care

Essential Capabilities for Virtual Care

- Simple and Seamless Integration with Clinical Workflows
- Easy Patient and User Experience
- Customizable Workflows and Pathways
- API hooks for integration and deployment
- Robust data capture for billing and validation
- Use of transparent AI/ML for clinical effectiveness, efficiency



Components of VCM



Remote encounters involving clinical input



Acquisition of device data and transformation into activity



Patient engagement, education, and relationships

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The Need for Omnichannel Care Management: Potential Benefits



Innovation

Create infrastructure and workflows capable of supporting new virtual tools and modes of care

Allow the use of more efficient care pathways

Access

Increase reactivity and responsiveness of care teams and providers

Reduce wait times for encounters and unnecessary appointments

Easier contact and communication with patients and more transparency into health status and activity



Burden

Relieve provider and staff workflow

Maximize clinical and administrative productivity

Improve patient experience



Cost

Increase billable encounters

Reduce care gaps and improve VBC metrics

Redirect utilization to most appropriate and cost-efficient venues

Reduce development and integration costs



VCM is Critical to Creating Omnichannel Care



Leverages IT to coordinate both in-person and remote encounters



Integrates data from a variety of products and organizations



Includes clinical, employer, social, and payer resources

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Common Buyers



Providers

Patient is enrolled by a provider based on diagnoses. Organizational care managers process and execute care plan.

Primary goals are to improve patient outcomes, address practice care gaps, improve VBC metrics.

Secondary goals are to reduce Total Cost of Care, overall utilization, ED visits, referral outside the system



Payers and Employers

Care management is offered as a benefit of employment or coverage, may be encouraged through additional incentives. Third-party care managers are most likely to run the care plan, with data processed to the PCP.

Primary goals are to reduce overall cost of care and utilization, and to improve long-term health prospects.

Secondary goals are to improve productivity, absenteeism, sick day usage. Management is self-sought and self-selected. May be reimbursable or incentivized by insurer. Care management is done entirely by the vendor. PCP unlikely to receive data.



Consumers

Management is self-sought and selfselected. May be reimbursable or incentivized by insurer. Care management is done entirely by the vendor. PCP unlikely to receive data.

Primary goals are to improve quality of life, specific personal measures of health.

Secondary goals may be incentives from payer, employer, or vendor, social benefits, or personal goals.



Evolution in Care Management Strategies

Organization Type	Conventional Approach to Care Management	Future Approach to Care Management
Provider Organizations	 Highly manual workflows Most monitoring done via check-in or encounter Heavily influenced by VBC metrics/exposure Fragmented care teams per diagnosis, specialty Struggle with data sharing, unified view 	 More automation, with targeted provider/staff effort Remote monitoring with check-ins as needed VBC and capitation exposure Unified care teams based on patient diagnosis and need Integrated data across products
Private Equity and Venture Capital Clinics	 Highly automated workflows w/ provider monitoring Remote monitoring and check-ins Based on capitated value of patient Target limited patient volumes and specific populations 	 Improved automation in engagement, patient outreach AI/ML monitoring with predictive intervention points Increased volumes of capitated patients addressable through increased efficiency
Payers	 App/Platform-based services Focused on specific chronic conditions Struggle with engagement and activity rates May not integrate with PCP, other sources of care Focused on reduced utilization and overall cost of care 	 Combined platform/app, real-time, and in-person services Broader sets of chronic conditions and co-morbidities More direct interaction driving improved engagement Improved data-sharing between provider and care management solutions
Self-Insured Employers	 App/Platform-based services Address specific limited conditions Extremely difficult engagement prospects Fragmented care offerings Significant privacy/cost concerns 	 Virtual or Remote Primary Care with chronic management tools Applicable to whole-person healthcare needs Increased value to employees driving use and engagement Integrated data and service coordination across solutions or vendors



Obstacles and Challenges



Many services and care plans are serviced across multiple vendors, specialties, or platforms. Workflows, data integration, and usability all suffer.

Who will act as the central aggregator/point of contact?

Increasing efficiency through automated activity and task relief is often a primary target for virtual care vendors.

Current FFS billing models actively discourage efficiency by tying payment to time spent.

Do VBC contracting and capitated payments provide the right incentives for wellness and efficiency?

and Buy-In

Longitudinal patient use is most closely linked to provider trust and relationships

Too much reliance on interpersonal interaction is inefficient; Too much automation discourages patient use and reduces effectiveness

Gaps

Many populations struggle with access to technology and infrastructure

These high-need, heavylift populations are most in need of improved chronic care and support mechanisms



CMS Changes

The Growing Role of Medicare Advantage

Shared Risk Contracting Driving Effort to Control Costs

Medicare Advantage will be a driving force in VCM adoption over the next five years.

- 2019 expansion of allowable additional services opened the door to significant virtual care involvement for Medicare Advantage beneficiaries
- Enrollment in Special Needs Plans is also growing, to 15% of all MA enrollment in 2020. 94% of SNPs include diabetes and/or cardiovascular disorders
- CBO estimates a majority of Medicare beneficiaries will be in MA plans by 2030

Total Medicare Advantage Enrollment, 1999-2020 (in millions)



NOTE: Includes cost plans as well as Medicare Advantage plans. About 62 million people are enrolled in Medicare in 2020. SOURCE: KFF analysis of CMS Medicare Advantage Enrollment Files 2008-2020, and MPR, 1999-2007; enrollment numbers from March of the respective year, with the exception of 2006, which is from April. Number of people eligible for Medicare comes from the CMS Medicare Advantage Penetration Files for years 2008-2009; for years 2010-2020, number of people eligible for Medicare comes from the Medicare Enrollment Dashboard.



Remote Patient Monitoring vs Device Data Feed

RPM Involves More Than Devices

- RPM requires both intake of data and output of reporting
- Market leading RPM leverages AI/ML to alert providers of likely or imminent changes, not just current state
- Alert fatigue is real: Resist too many alarms and alerts
- RPM can be integrated with Patient Reported
 Outcomes and patient engagement tools to evaluate
 current state or understand patient patterns

Data Injection is not Enough

- Treating device data like test or appointment results can leave it unattended, or overwhelm providers with data
- Inconsistent or inaccurate device data can be worse than no data at all
- Billable codes require interactive communication with a patient/caregiver (99457) or interpretation by a QHP (99091)



Call to Action

Behavioral Health is Essential

Any solution attempting to address chronic conditions must include tools and components to address behavioral health co-morbidities as part of a care plan.

- Not all behavioral health diagnosis is the same: Understand the types and variations associated with different occurrences
- Combine accountable monitoring with automated activity to drive engagement without increasing workload



Mental Health Treatment and Research Institute LLC, Davenport, S., Gray, T. J., & Melek, S. (2020, August). How Do Individuals with Behavioral Health Conditions Contribute to Physical and Total Healthcare Spending? Milliman Research. https://www.milliman.com/-/media/milliman/pdfs/articles/milliman-high-cost-patient-study-2020.ashx



Call to Action

HIT Must Address Bias and Transparency in Al

Bias from many sources

- > Algorithmic intensification of bias in historical data
- Bias within traditional 'best practices' or established institutional tools
- Flaws within AI/ML algorithmic design
- Poor choice of datasets as a representation of clinical or health outcomes

Increases overall cost, hurts clinical outcomes, provider trust in software, patient trust in providers

Explainability, transparency and a commitment to ongoing algorithm development are essential to build and maintain trust in solutions.

Total cost of care risk score greatly underestimates the risk of African-American/Black patients compared to White patients. Clinically similar patients are left outside the referral/management conditions.



Obermeyer, Z., Powers, B., Vogeli, C., & Mullainathan, S. (2019). Dissecting racial bias in an algorithm used to manage the health of populations. Science, 366(6464), 447-453. doi: 10.1126/science.aax2342

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Driving Long-Term Use



Apps and interactive tools are key to maintaining visibility and improving care outcomes between encounters

Many mobile health apps struggle with long-term use

In studies, median participation length is under a week and in-app tasks were only done on two days

- **KEY BARRIERS:** Digital health literacy of users, patient and provider buy-in, workflow, supporting infrastructure
- **ESSENTIAL COMPONENTS:** Provider referral (9-10x participation), live participants or interaction (The Sentinel Effect), incentives/gamification, demonstration of effectiveness for patients/users

Pratap, A., Neto, E.C., Snyder, P. et al. Indicators of retention in remote digital health studies: a cross-study evaluation of 100,000 participants. npj Digit. Med. 3, 21 (2020). https://doi.org/10.1038/s41746-020-0224-8

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COVID-19: What Lasts and What Expires?



Providers learned just how little visibility they have on patients, and how easy it is to lose touch.

Near term impacts

- Widespread acceptance of telehealth and remote care
- Accelerated adoption of virtual care reimbursements for Medicare and private payers
- Relaxed licensing and scope of practice rules
- Boom in virtual care spending and investments

Longer-term impacts

- Provider buy-in for remote monitoring and home care driving adoption
- Patient/Consumer comfort with remote care driving usage of payer/employer sponsored health apps
- CMS reimbursements and waivers likely to persist. State exceptions and licensing most likely to expire.



Vendor Categories

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Vendor Profile Inclusion Criteria: 3 live customers and \$2 million in relevant annual revenue

Vendor Category	Vendors Profiled
EHR	athenahealth, Cerner, Epic, NextGen
Population Health Management	Health Catalyst, Innovaccer, Persivia
Virtual Care Best- of-Breed	Amwell, Bright.md, Doxy.me, GYANT, Neuroflow, Philips, Silvercloud, SymphonyRM, Teladoc

Other Vendors to Watch

Well Health, Tia, n*Gram, DocASAP, Paro, Xealth, DotCom Therapy, Caregility

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EHR Vendors

Strengths

- Embedded in clinical workflow
- Good baseline VCM tools for most provider organizations
- Might integrate with third-party software to fill gaps
- Deep data sources for analysis

Challenges

- Often limited, especially in more innovative deployments
- Product scale can result in complex or difficult user experience
- Limited to captive provider customer base
- May require additional software purchases to meet more specialized or robust needs
- Often inappropriate in non-provider healthcare segments



Population Health Management

Strengths

- Powerful data aggregation and analysis tools
- Not solely reliant on EHR clinical data
- Familiar with integration to EHRs and thirdparty solutions
- EHR agnostic
- Adaptable to diverse use cases

Challenges

- May require costly additional services for custom patient care profiles, reporting
- Many are not turn-key VCM solutions requiring potentially costly integrations to fill gaps
- Specialized content or needs often lacking and may be costly to develop

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Virtual Care Best-of-Breed

Strengths

- Often most innovative, especially in use of AI/ML
- Strong understanding of the challenges and needs of a specific patient/disease groups
- Target any organization involved in healthcare e.g. payers and employers
- Most likely to offer significant efficiencies or time-savings for providers or staff

Challenges

- Generally niche solutions. Many address only one condition set or specific needs.
- Few true VCM platforms for range of patient cohorts
- Usually not the cheapest option
- Dependent on provider and third-party cooperation for data access
- Specialization can result in solution and data fragmentation



Market Forecast

[Detailed forecast and examination of trends only available in licensed report]







Forecast Notes

Projecting CAGR of 22% over 5 years.

- > Most spending is in the Payer segment, including Medicare Advantage.
- Ambulatory and Independent Practices show the highest percentage growth. Hospitals and Health Systems are the second largest overall segment, but show the slowest overall growth
- > Payers and Employers are more than double the market of any competing segment in 5 years



Forecast of Spending on Virtual Care Management

Traditional Buyers of Healthcare Integration Products and Services



Product Categories and Descriptions

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Caveats and Qualifications

12 Product Categories

- Enrollment & Assignment (2 categories)
- Omnichannel Functionality (4 categories)
- Patient Engagement (3 categories)
- Care Management (2 categories)
- Reporting & Analytics (1 category)

Notes:

- The product categories we define in this market may not align exactly with existing offerings
- A vendor's offering may combine the functionality defined by us as discrete with other functionalities



Harvey Ball Ratings Key



- Every vendor receives a rating in every Product Category
- Most vendors do not offer functionality in every category
- Harvey ball rating is relative to all other vendors in report and product requirements defined in the broadest sense
- Letter grades are calculated relative to other vendors within the same Vendor Category, not relative to all vendors included in report.



Virtual Care Management Product Ratings Categories



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Virtual Care Management: Flagship Vendors

Enrollment & Assignment	Omnichannel Functionality	Patient Engagement	Care Management	Reporting & Analytics

Individual vendor ratings only viewable in licensed versions of report





	Innovation	Description
Patient Intake and Assignment	Provide quick assignment to care plans based on specific patient needs.	Initial identification of patients in need of care management based on risk scores, diagnoses, or other criteria. Creation of static or active lists of patients who may need care management services, or otherwise evaluates patients based on diagnostic risk and/or likely need for services. Creation of care plans and assignment of patients.
Longitudinal Patient Assessment	Modify and amend care plans over the course of longitudinal care	Assess additional needs of identified patients and allow for new assignment or modification of assigned care plans based on changing patient needs.



	Innovation	Description				
Synchronous Telehealth	Real-time remote encounters	Real-time appointments using voice or video technology. Includes telephonic, web, and chat encounters.				
Asynchronous Telehealth	Non-real-time engagement with a clinical provider for the purposes of diagnosis and care.	Asynchronous communication between patients and providers, including messaging, picture and video sharing, and other patient-provider interactions which do not occur in real time. These can include review of activity, check-ins, and status monitoring. Includes sharing of pictures and video to providers for clinical purposes. Includes the provider care element of a triage/symptom checker interaction which is routed to a provider for review and activity.				
Triage/Symptom Checking	On-demand recommendations or care suggestions	Provide remote symptom checking and triage tools using clinical algorithms or AI/ML models, including chatbots. Includes functions that direct patient activity or assist patients in navigating to a care setting. Does not include the aspects of a workflow which routes patient interactions to a provider for review.				
Remote Patient Monitoring	Incorporate and use data from devices outside the provider office	Store and analyze data from patient monitoring devices for use in care management or clinical workflows. Provides alerts, reports, or other analytic output based on the content of received monitoring data to care managers or providers. Includes devices or data used to provide vitals during a remote encounter.				



Innovation

Description

Patient Reported Outcomes	Patient responses to changes in status or health	Allow patients to report symptoms, medication reactions, or changes in status to care teams, and/or prompts patients for feedback at clinically necessary points. Analyzes results to provide feedback on the effectiveness of care plans, and to direct the activities of care managers or providers					
Scheduling and Encounter Support	Assist staff and patients in scheduling and completing encounters	Allow appointment requests and/or self-scheduling for in- person or remote encounters. Provides patients with appointment reminders or access points for remote care.					
Patient-Facing Condition Management	Provide education, training, or activities to patients as part of an active care program	Deliver patient-specific and/or condition-specific educational materials or other interactive activities. Monitors consumption and use, and reports on efficacy. Suggests educational or interactive content based on efficacy.					

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	Innovation	Description
Care Management Workflow	Support care teams with automated or managed workflows	Enable care team with work queues, templated and customizable care plans, assessments, relevant transactions, access to patient medical records, collaboration capabilities, alerts, and direct interaction with patients.
Documentation Assistance	Leverage AI/ML or other tools to reduce provider workload and improve documentation	Assists providers or staff with suggestions for notes or other documentation, or automatically creates preliminary notes or documentation for provider review.
Reporting & Analytics		

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Platform Quality and Value Monitoring

Provide transparency into the impact and effects of a software solution

Analytics and reporting providing information on the status, progress, activity, and overall performance of care management programs and care teams



Product Ratings

Vendor	Patient Intake and Assignment	Longitudinal Patient Assessment	Synchronous Telehealth	Asynchronous Telehealth	Triage/Symptom Checking	Remote Patient Monitoring	Patient Reported Outcomes	Scheduling and Encounter Support	Patient-Facing Condition Management	Care Management Workflow	Documentation Assistance	Platform Quality and Value Monitoring
Amwell												
athenahealth												
Bright.md												
Cerner												
Doxy.me												
Epic												
Gyant			ndivi	idual	ven	dor	ratin	σς on	ly view	Jahle	in	
Health Catalyst				iuuui	vCII		iatiii	5 011		VUDIC		
Innovaccer					ense	ed ve	ersio	ns of r	report			
NeuroFlow												
NextGen												
Persivia												
Philips					T			1				
Silvercloud												
SymphonyRM												
Teladoc/Livongo												

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Market Categories and Descriptions

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Harvey Ball Ratings Key



- Every vendor receives a rating in every Market category
- Most vendors do not participate in every market described here or have relevant programs in every one of these categories
- Harvey ball rating is relative to all other vendors in report and market requirements in the broadest sense
- Letter grades are calculated relative to other vendors within the same Vendor Category, not relative to all vendors included in report.

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Market Categories

Category	Description
Hospital or Health System	Any facilities-based care delivery organization that own or control hospitals.
Independent Community Provider	Any care delivery organization that is not owned by, controlled by, or sited in hospital or health system.
Outpatient/Ambulatory Network	A care delivery organization offering access to both primary and specialty care, with multiple locations.
Self-Insured Employers	An organization assuming all financial risk for providing health care benefits to some or all employees.
Payers	Any organization which pays for healthcare services on behalf of members.
Consumers	Individuals purchasing a device or service independently.
Post-Acute/Skilled Nursing Facility	Locations or organizations offering specialized short- or long-term care for patient recovery or support.

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Current Market Targeting

Vendor	Independent Community Provider	Hospital or Health System	Outpatient/ Ambulatory	Self-Insured Employers	Payers	Consumer	Post-Acute/SNF
Amwell							
athenahealth							
Bright.md							
Cerner							
Doxy.me							
Epic							
Gyant							
Health Catalyst	Indi	vidual	vendor	ratings	only	viewahl	e in
Innovaccer							
NeuroFlow		lice	nsed ve	ersions	ot rep	ort	
NextGen							
Persivia							
Philips							
Silvercloud							
SymphonyRM							
Teladoc/Livongo							

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Market Ratings

Vendor	Market Vision	rket Extensibility and Complementary ion Engagement Services		Momentum	Scope of Applications
Amwell					
athenahealth					
Bright.md					
Cerner					
Doxy.me					
Epic					
Gyant	In	dividual	vendor ra	tings oi	nly
Health Catalyst	vie	wable in	licensed	version	s of
Innovaccer			roport		
NeuroFlow			report		
NextGen					
Persivia					
Philips					
Silvercloud					
SymphonyRM					
Teladoc/Livongo					

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Virtual Care Management Vendors





Slides 42-96 only available in full report

Includes detailed market segmentation, product capabilities breakdown, and in-depth profiles of the following vendors' offerings:

> **Samwell Vathena**health **BRIGHT·MD** Cerner doxy.me Epic G GYANT HealthCatalyst > innovaccer III NEUROFLOW nextgen. • Persivia PHILIPS SymphonyRM **CELADOC** SilverCloud Digital Mental Health Platform

> > Learn More: chimrkrsr.ch/21Virtual-Care-MTR

Vendors to Watch



Easy and quick telemedicine: Focus on simple, easy-to-manage workflows

Currently focused on in-patient, teleconsulting, second opinion options

Deployment through tablet or mobile app makes an excellent accessory to home health care, potential use in hospital at home settings.

Simplified patient access platform, offering scheduling, reminders, patient/provider matching, care-driven outreach.

Messaging, screening, encounter need and scheduling are major components of home virtual care.

Patient navigation and 'Front Door' functionalities provide staff workflow relief.



Pediatric-focused teletherapy and education.

Includes occupational, developmental, speech, family, and emotional therapy options, with an emphasis on access and equity of care.

Access to real-time therapy provides especially important care and support benefits. Scalability remains a concern, but access to care is the single largest barrier for most behavioral health needs.



Vendors to Watch



Virtual behavioral health support for seniors and caregivers

Conducts needs assessments, training and orientation, and a variety of therapies with ongoing evaluation and support.

Therapies are focused on interactive and immersive modalities, delivered through tablet or phone.

Caregiver tie-in offers support to families and caregivers.



Interactive simulated animal therapy

Virtual pet therapy delivered through an interactive robotic baby seal.

Tactile, auditory, light, temperature, and posture sensors provide feedback mechanisms, with motion, vocalizations, and responsive behavior.

Software monitors interactions, allowing specific encouragement or training as well as monitoring for wellness, vocal and other biomarkers, and socialization.



Omnichannel care delivery focused on women's health needs.

VC-backed virtual primary care clinics offering behavioral health, alternative health, and women's health-specific care options.

Virtual-first care options include telehealth, asynchronous care, and monitoring. In-person care still considered essential, especially for testing and some exams.



Vendors to Watch



Unified engagement and outreach hub.

Addresses fragmented communications sources and modes, while integrating with EHRs and other sources of incoming or outgoing messaging.

AI/ML NLP monitors and interprets interactions, recommends corrections or modifications.

Direct billing through text or other modes, including pre-service collections, post-service billing, referrals, and supporting analytics.

xealth

Integrated digital ordering and data aggregation engine

Helps providers and patients access virtual care solutions, distribute solutions as needed, and unifies data within the EHR for use and analysis. Enables patient matching, workflow unifications, dataset integration.

Providers can order and monitor virtual care tools from within EHR, preserving established workflows. Patients can be enrolled and receive solutions through simplified interfaces.





Appendix A: Methodology

- To compile this report, Chilmark Research combined extensive primary and secondary research techniques to create a composite profile for each vendor.
- Primary research was divided into two distinct steps, beginning with soliciting targeted vendors for their involvement in the research.
- We asked participating vendors to complete a questionnaire whose purpose was to collect qualitative and quantitative information about the company and the markets it serves. Questions included among others: relevant revenue, number of employees, primary market, number of healthcare entities currently using its solution, and more in-depth questions regarding features and functions.
- When possible, upon receiving the completed questionnaire we conducted a follow-up interview with each vendor. These in-depth telephone interviews typically lasted 60 minutes and built on the responses to the questionnaire. This portion of the research effort also focused on topics that cannot easily be captured

within the context of a written questionnaire including competitive positioning, product roadmap, partnership strategy, and which solution features are most attractive to prospective customers.

- Chilmark Research performed a final analysis of the vendors via secondary research and telephone interviews with end users and consultants that have advised on, deployed, or used a vendor's system. This information was compiled to provide the in-depth reviews and ratings of the profiled vendors. Prior to publication comments and feedback were considered and where relevant, incorporated into the final profile narratives.
- In developing this extensive report, Chilmark Research maintained absolute objectivity throughout the entire research process and it is our sincere hope that this report brings greater clarity to this evolving market.





About the Author



Alex Lennox-Miller joined the Chilmark Research team in 2018 as a Senior Analyst specializing in provider-payer-patient convergence. His work focuses on value propositions for HCOs and payers, particularly in the implementation and potential use cases of analytic and workflow packages for clinical, administrative, and financial areas.

From virtual care to revenue cycles and staff appointments, Alex believes that improved understanding and use of HIT is essential in providing the best possible care for patients, as well as improving the lives of clinical providers. His recent publications include <u>Primary Care for the 21st Century:</u> <u>Technology-Enabled and On Demand</u>, and <u>Revenue Integrity in</u> <u>Healthcare: Solutions Driving Payment Performance</u>.

Alex is a graduate of both the University of Massachusetts, Boston and the D'Amore-McKim School at Northeastern University.

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