

# HIGHER STAKES THAN CRM



PATIENT RELATIONSHIP MANAGEMENT:  
SOLUTIONS AND THEIR EFFECTIVE APPLICATION



MARKET SCAN REPORT



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# Executive Summary

Healthcare organizations (HCOs) striving to improve patient engagement are increasingly turning to solutions that promise more targeted patient outreach, more coordinated care management, and more potential for patient self-support in between care episodes. These solutions fall under a broad umbrella that can be described as patient relationship management, or PRM – and despite its name, it’s much more than a rebranding of customer relationship management (CRM) for healthcare.

This Market Scan Report expands on the reasons that healthcare needs PRM, describes the current and future state of the market for PRM solutions, identifies the seven classes of vendors operating in this market (see Figure 1), assesses the features available (and missing) from PRM solutions from these classes of vendors, profiles 13 leading vendors, and offers a series of recommendations to help vendors meet current and projected PRM market needs (including the challenges presented by value-based care and payer-provider convergence).

## MARKET DYNAMIC

True PRM is more than just “CRM for healthcare.” It focuses on patients’ needs outside of the healthcare facility setting, in between care episodes, as they live their everyday lives. It is more than improving engagement at the hospital bedside, more than making phone calls after hospital discharge, more than launching a “portal of portals” to provide a unified engagement experience, and more than opening an Innovation Center to solve one-off problems that an HCO faces. Healthcare needs specific solutions for PRM because current engagement solutions fall short of the mark for several reasons. (See Table 1.)

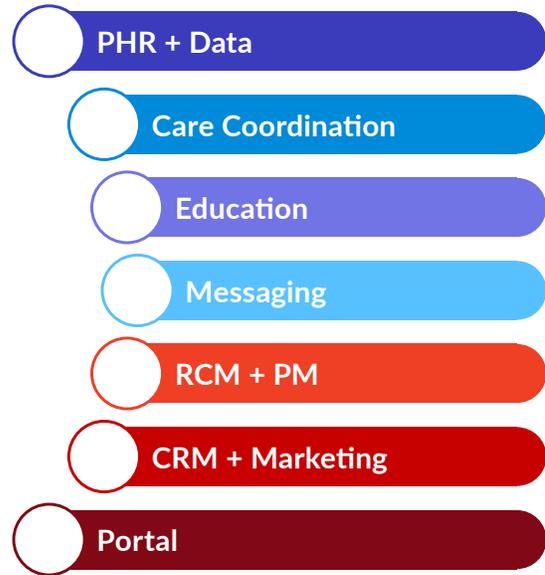


Figure 1: The Seven Classes of PRM Vendors

Current Shortcoming	Why It Falls Short
Legacy portals	Poor engagement, little context, tied to care episodes
Point solutions	Fragmented, outside care continuum, poor “stickiness”
Extensibility	Not tied to HCO engagement goals or business objectives
Current Unmet Need	Why It Matters
Engagement outside hospital	Connect to payers, employers, surrogates, telehealth providers
Payer-provider convergence	Better data flow reduces friction among entities
Analytics	Identify which patients to target with which intervention
Behavior change	Support short, frequent interventions to improve health

Table 1: Why Healthcare Needs PRM Solutions



Despite these needs, we expect the market for PRM solutions to grow slowly over the next 24 to 36 months. The average HCO is not taking on enough financial risk, and has too many other IT priorities, to make a significant investment in PRM. When solutions are implemented, it will be on a small scale, limited to cohorts covered under value-based care (VBC) contracts such as ACOs and MSSPs or bundled payment plans.

Large-scale adoption is unlikely to occur until at least 2020. By this time HCOs will better understand MACRA, PRM solutions will more readily integrate with clinical systems, and the convergence of payer and provider business lines will place increasing demands for a more complete view of patient data.

## MARKET OUTLOOK

There is no single dominant vendor in the PRM market. In fact, there is no dominant set of vendors, though the CRM/Marketing and Care Coordination sectors have been the most active – and the PHR sector has been injected with some life following the announcement of Apple’s Health Records pilot. This report identifies dozens of vendors and provides profiles for 13 representative solutions that are seeing market traction (See Table 2).

This report evaluates the PRM market as a whole on the maturity of functionality in five key areas:

- > Patient outreach
- > Care management
- > Engagement and communication
- > Patient self-support
- > Analysis and reporting.

Broadly speaking, engagement and care management functionality is closest to meeting Chilmark Research’s expectation of what PRM solutions should offer, while self-support functionality falls short.

Finally, solutions are beginning to address the needs of patients, who appreciate the convenience that PRM solutions offer but would like to see an increased focus on giving patients digital access to their records across disparate care settings.

Vendors Profiled
Care Cloud
Cerner
Conversa Health
Docent Health
Epic
HealthLoop
Influence Health
Meditech
mPulse Mobile
Orion Health
Pegasystems
Salesforce
Solutionreach

Table 2: Vendors Profiled in This Report

## Appendix A: Scope and Methodology

To compile this report, Chilmark Research combined extensive primary and secondary research techniques. Primary research was divided into three distinct steps.

First, we solicited targeted vendors for their involvement in the research.

Second, 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 number of employees, primary market, number of healthcare entities currently using its solution, and more in-depth questions regarding solution features and functions.

Third, upon receiving the completed questionnaire, we conducted a follow-up interview with each vendor. These in-depth telephone interviews typically lasted 30 to 60 minutes and aimed to clarify responses to the questionnaire and provide additional information. This portion of the research effort also focused on topics that cannot easily be captured with-in the context of a written questionnaire, including competitive positioning, product roadmap, partnership strategy, and which solution features are most attractive to prospective customers.

Prior to publication, all vendors were given an opportunity to review their profile narratives for fact-checking purposes. Their comments and feedback were considered and, where relevant, incorporated into the final profile narratives.

In compiling 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 developing market.

## Appendix B: Acronyms Used

ACO	Accountable care organization	IVR	Interactive voice response
AI	Artificial intelligence	JV	Joint venture
AMC	Academic medical center	LTPAC	Long-term post-acute care
CDW	Clinical data warehouse	MACRA	Medicare Access and CHIP Reauthorization Act of 2015
CHF	Congestive heart failure	MIPS	Merit-based Incentive Payment System
CJR	Comprehensive Care for Joint Replacement	MSSP	Medicare Shared Savings Plan
CHR	Collaborative health record	PCMH	Patient-centered medical home
COPD	Chronic obstructive pulmonary disease	PCP	Primary care physician
CPT	Current procedural terminology	PGHD	Patient-generated health data
CRM	Customer relationship management	PHM	Population health management
CQM	Clinical quality measure	PHR	Personal health record
DTC	Direct to consumer	PM	Practice management
EHR	Electronic health record	PMPM	Per member, per month
FFS	Fee for service	PRM	Patient relationship management
HCO	Healthcare organization	PRO	Patient reported outcome
HDHP	High-deductible health plan	PUPM	Per user, per month
HHS	U.S. Department of Health and Human Services	PUPY	Per user, per year
HIE	Health information exchange	RCM	Revenue cycle management
HIMSS	Health Information and Management Systems Society	ROI	Return on investment
HRA	Health risk assessment	RPM	Remote patient monitoring
IDN	Integrated delivery network	SDoH	Social determinants of health
		VBC	Value-based care



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