

Elion

Buyer Review Transcript

Product Reviewed	Innovaccer
Reviewer Tech Stack	N/A
Other Products Considered	N/A
Date	August 29, 2023
Expert Role	Market Leader
Organization Type	Value-Based Care Provider
Payment Model	Value-Based Care

So today, we're chatting about Innovaccer and how it's being used at your company. Before we jump into that, could you give a brief overview of the company and your role there?

We're a value-based care provider. What makes us unique is that we establish joint venture partnerships with practices in all of our markets. We bring a wraparound value-based care team, including nurse practitioners, nurse care managers, care coordinators, health coaches, pharmacists, dietitians, and social workers, and we support our JV partner's physicians in quarterbacking the care for our patients. We focus on reducing the total cost of care, minimizing inpatient utilization, guiding patients through their care journey in a safe and effective manner either in an outpatient setting or at home. Additionally, we support our patients in accessing additional care or surgeries that they qualify for and are interested in.

I work in a market oversight role.

How long have you been using Innovaccer?

About two months.

What caused you to look into purchasing this type of product?

One of the main challenges for value-based providers is that traditional EHRs aren't designed for the kind of long-term care management and team collaboration that many organizations want. Our clinical teams are currently using the EHRs provided by our JV practices, but we're actually looking into getting our own EHR in the future. Right now, though, we needed a platform that can support all the value-based care work we're doing as a team. This includes things like

documenting patient goals, tracking care plans over time, and structuring the patient's treatment journey. We didn't want to build this platform from scratch ourselves, so we looked for existing solutions in the marketplace. Our company is pretty big in terms of markets, staff, and number of patients. With that kind of scale, we needed a care management platform that could handle our needs, instead of relying on homegrown solutions or Excel files.

What particular features were you looking for in a solution?

One requirement for our model, which involves bringing together two organizations (ours and a provider partner or joint venture practice), is a degree of interoperability or data sharing. Eventually, our Innovaccer platform will allow us to have a view into our partners' electronic medical records (EMR) and allow our partners to have a view into our records in Innovaccer.

Another requirement is the ability to track engagement more effectively. While our current calling platform has basic reporting capabilities, we needed a platform that could help us track and document the quality and outcomes of our engagement efforts. Innovaccer allows us to easily document, aggregate, and analyze this information to identify areas for improvement.

We also needed a care plan function that goes beyond what traditional electronic health records (EHRs) offer. This would allow us to document patient goals, actions, interventions, and barriers in support of those goals. Innovaccer enables us to accurately track and follow these care plans.

Additionally, we desired a tasking or collaboration capability that allows different members of our interdisciplinary team to assign tasks, follow up, and work together efficiently on the same patient. This helps us stay on the same page and ensures everyone knows who is responsible for what.

Another important requirement for us was to have a platform that could integrate with an HIE or receive ADT feeds. Innovaccer allows us to import data from PointClickCare. This capability eliminates the need for our teams on the ground to log in to another platform to retrieve this information, saving time and effort.

And we needed a high level of customization to tailor different operational pathways for our teams. In Innovaccer, these pathways are called protocols. We wanted the ability to build protocols or click paths that our teams can follow in a structured manner so we can document and track the specific workflows our teams need and have some customization around that.

How would you characterize the implementation process?

Since we're an organization that already operates across four time zones and a significant number of markets, it's effectively an enterprise implementation. We needed a lot of customization to support our model. Our clinical innovations and product teams have been able to work with Innovaccer to establish a core set of protocols and care pathways, as well as

design the user interface, including click pathways, decision trees, buttons, and alerts. This involved a significant amount of time and effort.

Additionally, we had to determine which data could be uploaded onto the platform. This is still an ongoing process. Up to this point we've been relying on really large spreadsheets, though have recently started being able to upload this information into InCare, the first Innovaccer product we have implemented..

Overall, I think implementation went well, but it was definitely overwhelming. I wouldn't necessarily attribute that to the platform, though. It's more about how we introduced it internally. We went from relying heavily on spreadsheets to having a platform that can streamline and facilitate a lot of our care delivery operations. So it was a big change for everyone. Most of my staff actually now appreciate the platform because it reduces guesswork and manual work, automating a lot of the tasks they were doing. The platform brings more visibility and transparency to the work we're all doing.

Innovaccer provided us with a comprehensive manual, which was really helpful. Our enterprise team also created a simplified version, and an even simpler one after that. These resources served as references for any questions we had after the implementation training period. Our internal team handled the market rollouts, and they were responsible for implementing the platform across all our markets. They did have support from Innovaccer behind the scenes, but we didn't directly interface with them for implementations in our markets.

What features are you using?

We use it for everything. My clinicians are in their EMRs, but all of our other staff members use Innovaccer for their work throughout the day.

Our care coordinators, who are similar to front desk representatives in a clinic, document all their outreach phone calls for scheduling visits, confirmation calls, follow-ups on consents and documentation, and surveys in Innovaccer. They record whether the call was successful, the outcome of the conversation, if a patient requested not to be called again, or if they refused services. It's all documented in InCare.

Our nurse care managers primarily focus on our complex patients, while our health coaches have a similar clinical scope but focus on lower acuity patients. Our nurse care managers and health coaches use InCare to create and execute care plans. This includes documenting the delivery of education, as well as documenting patient goals, interventions, barriers, and action steps. Care plans are constantly modified based on the patient's care journey and stated goals.

We have three additional role types: social workers, dieticians, and pharmacists. The social workers utilize the platform to address health-related social needs and document the delivery psychotherapy services. We document all protocols related to these services on the platform. For the clinical visits, such as those requiring billing, we are also required to document them in

the EMR. The counseling and nutrition services provided by dieticians are documented on the Innovaccer platform. As for pharmacists, their role involves conducting medication reviews for post-discharge patients. We document all their clinical assessments and recommendations on Innovaccer for our clinicians to view and take necessary action.

Additionally, our clinical visits are documented in Innovaccer when they're scheduled. This prompts different teams to search and retrieve supporting documentation for these visits. Our medical records team can proactively find records and place them where our pre-visit planning team can create a prep flow sheet and store it in InCare. This way, when our clinicians conduct the visit, they can access InCare for the patient and prepare for the visit based on the documentation already placed there.

What are some of the strengths and weaknesses you've discovered?

One thing that works well is the high degree of transparency regarding the patient treatment timeline. That's not always easy or practical in a traditional EHR, so that's a big thing for us. Any role can go to a patient's timeline view, where there's a vertical longitudinal timeline with tick marks for anything that happens to the patient. I've heard a lot of positive feedback about this timeline view because anyone can go in and see everything that has been done with the patient. You can click into the milestones to see more details.

I like the visibility I have into task management. In general, task management can be overwhelming. Any clinician will tell you that. And there are a fair number of auto-generated tasks in Innovaccer, so making sure to pay attention to them or ensuring their accuracy can be a little overwhelming. I work in an oversight role, and I like that I can see the tasks and determine how to manage against them.

As far as weaknesses, as someone responsible for oversight, I don't have a comprehensive view of population health. I can only access patient information individually. Currently, I can't see a collective view of patients or the progress made with a group of patients. Our internal analytics and reporting team creates customized reports and views for this purpose. While these reports are useful for reporting purposes, I wish there was a more straightforward way to view specific information. For example, I would like to easily see how many patients were discharged in the last 30 days and who they are, or how many patients have care plans and who they are. We can obtain operational management views through the analytics reporting view, but not in the actual patient view itself. Innovaccer does allow many of these analytics dashboards and views to be customized, which is great, as long as we have a clear hypothesis and an idea of how we want them to look. The ones we've created do update on a real-time basis, so that's a strength.

From an operational perspective, has your team been happy with the functionality of Innovaccer?

They have been happy with it, but it's a lot. The way our enterprise is implementing it is like, if you breathe, you have to document that you're breathing on the platform. It's all about data in

and data out. So our clinical operations expectation is that everything you do is documented. Initially, the team felt a little burdened. They had to document every little thing they were doing. But over time, they've become much more comfortable with the platform and the care pathways, or protocols. They know which protocols to use and how to use them. Right from the beginning, our analytics team created a few error-management reports. So we've been doing daily audits to catch any mistakes. For example, if you're supposed to click A but click B instead, we can open it back up for the team member to fix it. There's a strong and fast feedback loop to ensure all the protocols are being used correctly.

Is the platform stable?

I'm actually surprised that it's not as glitchy as I expected it to be. Every two weeks or so, someone might mention that Innovaccer is slow, but honestly, I thought it would be much worse than that. Considering that our enterprise is constantly expanding into new markets and bringing in more patients and users, I'm quite satisfied with how little it glitches or experiences downtime.

What integrations are you using?

Currently, we have implemented Innovaccer's InCare. We will eventually implement InNote, which will allow us to have bidirectional read access with the EMR. This means that our team using InCare can read the information in the EHR, but they can't directly type into or make changes in the EHR. If they want to input data into the EHR, they have to go to the EHR system itself. Similarly, our joint venture providers who are using their own EHR will see an overlay in the patient profile that shows what our team is doing in InCare, but they can't directly make changes in InCare. Many of our partner practices have older EHRs, so it remains to be seen how many will be able to take advantage of this bidirectional read access as we're in the process of implementing it right now.

Another platform product is InConnect. It will allow us to directly communicate with patients through texting and email, and we'll be able to use the platform to communicate with them. I haven't seen it yet, but it's currently being developed, and I'm hoping we'll have it by the end of this year.

The third integration is the ADT feed. At the enterprise level, we've partnered with PointClickCare. Regionally, where PointClickCare has partnerships or HIE / ADT feeds that integrate to PointClickCare, those can be accessed in Innovaccer. For my market, this integration is about to go live, so I haven't seen it or know what it looks like yet.

Apart from that, there's another integration in InCare where you can click on a patient's phone number in their profile and it takes you directly to the call platform and initiates the phone call. However, we're switching call platforms in a few weeks, so we'll see how the transition goes.

How is the account management and support you've gotten from Innovaccer?

I think it's sufficient for the scale at which we're using the product. The Innovaccer team operates on two- and four-week sprints. We just had a sprint release this week, and I have a list of all the updates made to Innovaccer so far. I don't have any complaints, but it's not the most amazing thing in the world either. They do listen to our feedback and let us know what they can and can't do or when they can deliver certain features, and then we work around that.

Based on your early usage, what would you say are the major growth areas for Innovaccer?

As a clinical user, I would really appreciate having a paneling capability. Currently, our users can't log in and see all of their patients as a whole. Instead, they have to search for each patient individually by name and pull up their profile. It becomes cumbersome when they have to repeat this process for multiple patients. It would be great to have a view where they can easily access all the patients assigned to them and have options to view and manage their profiles. This could be similar to the pop health systems view that I mentioned earlier. On the analytics and reporting side, the enterprise analytics team is already working on providing this functionality. However, I would also like a clinical end-user pop health view that allows our users to see all the patients assigned to them.

Apart from that, I think that Innovaccer has a lot of potential. As a clinical organization, it is our responsibility to define how we want to use the platform and align it with our clinical strategic goals. There are endless possibilities with Innovaccer, so we need to focus on what is necessary and relevant for our organization instead of trying to use everything that is available.

How does Innovaccer compare to internal products you've used in the past?

So I worked with platform at another company that was homegrown and purpose-built, and it had a paneling view, and I really liked it. I think it's incredibly important because, as a leader, I hold my team accountable at a panel level. So I want my team to have that panel view as well. That's one thing. Speaking generally, a lot of the features are similar. There's a profile, a timeline, click paths, and pathways. You can document assessments, and there's some sort of ADT feed component. So many of these things are relatively similar, although they may look different.

The biggest benefit for us in paying Innovaccer is that, as a venture-backed organization, we don't have to allocate dollars toward building an internal product within our technology organization. Instead, we can allocate a larger proportion toward building out our clinical hypothesis, figuring things out, and constructing a thoughtful tech stack. This means we don't have to constantly iterate on a product that we're building in-house. Sure, we might miss out on the level of iterative improvements that can come from having a technologist, clinician, and operator in the same room discussing the platform and giving feedback. However, at the organizational level, the gain is that we can focus on doing one thing really well, rather than trying to simultaneously run a technology organization and a care-delivery organization.