

Axle Health

by VP of Operations








Last Mile Care

Clinical Staffing

Details

Review Date	11/03/2023
Purchase Date	Q1'23
Implementation Time	2 weeks
Product Still in Use	Yes
Purchase Amount	Per-user, per-month fee plus implementation fee
Intent to Renew	95%
Review Source	Elion

Product Rating

Product Overall	 4.5
Use Case Fit	 4.0
Ease of Use	 5.0
API	 N/A
Integrations	 N/A
Support	 5.0
Value	 5.0

About the Reviewer

Purchasing Team

User

Implementation Team

Product Oversight

Reviewer Organization

Virtual-First Provider

Pediatrics

Chronic Care

Reviewer Tech Stack

athenahealth

Other Products Considered

Skedulo

Summary

- **Product Usage:** The VP of Operations uses Axle Health for coordinating schedules of patients, mobile resources, and remote clinicians, and also for optimizing routes considering drive times for their pediatrics organization.
- **Strengths:** Axle Health is touted for its efficiency in matching up drive time in a mobile resource with a fixed remote resource, in-built NPS surveys and reporting features, user-friendly interface, cost-effectiveness, and flexibility in adding licenses.
- **Weaknesses:** The VP pointed out that the current version of Axle Health assumes that bookings are made by patients leading to their clinicians needing to enter patient details manually each time, however, this issue seems to be getting addressed.
- **Overall Judgement:** Despite minor workflow alignment issues, Axle Health has been beneficial for their work, providing high patient satisfaction, reliability, exceptional customer support and hence would be chosen again if given the opportunity.

Review

So today we're chatting about Axle Health and how it's 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 pediatrics organization focused on value-based care and care navigation. We collaborate with MCOs and ACOs in the Medicaid space to support complex patients. Our goal is to reduce the total cost of care for these patients through our services. Our primary model involves delivering services virtually through a pod-based longitudinal care wrap approach. This means we engage with patients to identify gaps in their medical ecosystem or social determinants of health and then work collaboratively to address those gaps.

My role specifically focuses on acute and episodic services. Our goal is to address immediate patient needs to prevent them from seeking care at traditional urgent cares or emergency rooms. This is important because our population tends to have high admission rates, quick discharges, and high costs. Our approach serves as both a clinical program and an opportunity to build trust and engagement.

I'm responsible for our inbound contact center, which handles all of our incoming requests. Additionally, I oversee our 24/7 virtual urgent care, which serves as the gateway to our urgent care and episodic services. This is spearheaded by our APP-led team. They speak with patients and attempt to resolve their issues through telehealth visits. If unable to do so, they have the option to dispatch one of our mobile integrated care team members. These team members are allied health professionals who can gather additional clinical information or provide urgent care-level services in the patient's home.

What was the need that drove you to look for a solution like Axle?

Our unique case involves aligning the schedules of patients with mobile resources, taking into account factors like traffic. We also need to coordinate these visits with our remote clinicians. So essentially we're trying to synchronize three schedules while optimizing routes and factoring in drive time. Some visits are pre-scheduled, while others are on-demand.

What were the key requirements you used to evaluate Axle and any of their competitors?

Our main concern was aligning the schedule of a remote clinician with a mobile resource. The other requirements mainly revolved around improving customer and user experience. Since our services are used by multiple markets, and we may also eventually sell them to external customers, we consider our internal markets and users as customers too. We need to ensure that the requester has a good experience, and it's important to create a positive experience for the end user (the patient's family and/or caregiver). Our clinical solutions will only be effective if the patients choose to use them. Once we get the opportunity to intervene in urgent issues, we have to provide a top-notch experience so they'll come back to us in the future.

Did you look at any other vendors while you were evaluating Axle?

We looked at some traditional medical transportation or EMS software platforms. One was Traumasoft, which is designed for medical transportation, but it's quite manual and doesn't fit our specific needs. We also considered Skedulo, a popular scheduling platform that can handle multiple resources, but it doesn't factor in historic drive times, which is important for us. Additionally, Skedulo was too expensive and complicated to implement. But since we were

launching quickly, our decision was mostly based on my previous experience and not a comprehensive evaluation of every vendor in the space.

What was it about Axle relative to those other solutions that led you to go with them?

The biggest advantage of Axle was its ability to effectively match up drive time in a mobile resource with a fixed remote resource. We couldn't find any other solution that provided this functionality out of the box. It was a major win for us.

Additionally, Axle had built-in NPS surveys, which was something we were still figuring out. Axle allowed us to gather NPS data on the first day of our service launch with their built-in feature. It also provided reporting on drive times and mileage.

The user interface was easy to implement and set up, and our patients have a smooth and user-friendly experience. Furthermore, it didn't require an app to be downloaded, which was important for our Medicaid population. Axle operates through SMS, which made it a great fit.

It was also the most cost-effective option compared to others we evaluated. Scaling up and adding licenses was easy, without having to make a long-term commitment. So Axle met all our core requirements, offered a lot of additional features, and had favorable contract terms and pricing.

How did you find the sales process with the Axle team?

It was really easy. They gave us transparent pricing right from the start. The model they presented was easy to understand. They were also flexible with the terms, which was great, because we didn't want to be locked into a long-term contract since we were still in the early stages of building. We didn't know what we would need in six months, so having the ability to grow as we wanted without committing to something concrete was really nice.

How was the onboarding and setup process?

Onboarding and setup were really easy. They assigned us a dedicated support person who guided me through the setup process, and they also trained my original clinical/scheduling and field teams on using the app.

How are you using the product in your company?

There are two ways patients can request our services: through our patient-facing application, which allows for video visits and messaging with clinical teams, or by calling our 800 number. The inbound contact center monitors urgent requests made through both channels. When we first launched our services, all clinical requests went to the longitudinal pods. The pod would then assess if a mobile integrated care team was needed and submit the request. However, this process proved to be inefficient because the mobile integrated care team primarily dealt with scheduled visits, and accommodating unscheduled requests was challenging. As a result, we decided to create a dedicated clinical team that specializes in acute episodic care and only handles unscheduled cases. And we had to make the process user-friendly to encourage patients to utilize the app and help generate the appropriate volume of requests. As we refined our workflows and clinical decision tools, the process became smoother.

What do you see as relative strengths and weaknesses of Axle?

In terms of strengths, the software has performed really well in meeting our needs. It has also added credibility to our startup, since we're still developing and perfecting our technology. It's great to have a product that works seamlessly

from day one, where patients can easily track the paramedics and have a mature product experience. This has given our program a boost, especially since hybrid-delivered care is still a new concept. Being able to present data on patient satisfaction on the first day, with paramedics receiving top ratings and a great NPS score, has been instrumental in gaining support for scaling our program.

As for weaknesses, the current version of the software assumes that the patient is the one booking the visit, so the workflow is designed around that. However, we decided to have our clinicians handle the booking process. This has caused some issues, such as not being able to offer an authenticated experience where patient information is preloaded. Instead, clinicians have to manually enter the patient's name, address, and phone number each time, which is a bit cumbersome. But I've been informed that an authenticated experience is in the works, so this should be addressed soon. Overall, the software's current design doesn't align perfectly with our usage, but we're making it work for our purposes.

Is the platform reliable and bug free?

Since launch, I think we had 20 minutes one day where it wasn't performing as well as usual. But I reached out to the support team via SMS, and they resolved it quickly. Apart from that, the service has been consistently reliable for us.

How do you feel about the account management and support that you've gotten from Axle?

It's been great. I have the cell phone number and email of our account rep, and they have always responded within 10 minutes whenever I reach out. It's clear that their team doesn't have a lot of depth, but despite having a small team, they've been incredibly responsive to us. This has been one of the best customer service experiences I've ever had. Even the CEO will reply to an email within 15 minutes. Our only concern is whether they will maintain this level of service as they scale up.

Do you feel like you made the right decision on choosing Axle?

Yes, 100%. We'd make the same decision again.

What do you see as growth areas for Axle?

We'd like to see an authenticated-type experience for our specific use case, with patient information pre-loaded, as I discussed earlier.

Additionally, I've discussed with Axle the potential for implementing more logic around visit trade-offs. In situations like ours, it's crucial to ensure that our field team is operating at a high level of utilization to maximize value. We have different types of visits, such as urgent care visits, which yield a high return on investment and are a top priority, and visits like outreach or door knocks, where we aim to connect with community members who have a high frequency of emergency room usage but are unaware of our model. While these outreach visits are important, they have a lower return on investment. To manage this, we've incorporated creative workflows to ensure that lower ROI activities don't block the schedule when the team needs to focus on higher value tasks. It would be great if our system could understand the relative value of visits and help us identify which ones can be rescheduled or canceled, so we don't have to rely on human decision-making for that. Currently, Axle handles routing, assignment, and route optimization, but it doesn't consider balancing visits in terms of their value. If you have a lot of depth in your team, it's less of an issue, but in early stages it can be cumbersome.

What advice do you have for someone who is making a decision on this type of product?

This is such a unique space, and everyone approaches it differently. You have to be open to exploring the available options and adjusting your workflows to match the products that are out there, unless you want to build everything from scratch.

What types of organizations do you think Axle would be good for?

We have a unique use case, as we're providing hybrid services, but it nicely solves for allied health companies that are providing services in patients' homes. Whether it's mobile phlebotomy or imaging services, or any other new services that are shifting care from traditional settings to patients' homes, it addresses these challenges effectively. It simplifies the process for end users who are placing requests by providing available time slots and options for different types of mobile clinicians. Additionally, the app includes a built-in job aid for mobile assets, which is particularly helpful for organizations with a high turnover or frequent workflow changes. Axle is also ideal if you'd like patients to schedule services themselves. The hybrid delivery model, incorporating both remote clinicians and in-home care, is a valuable feature that is currently somewhat niche, but I see it gaining popularity in the future. Overall, it's a great fit for anyone in the mobile health delivery space, including home care providers, visiting nurse associations, and private day nurses, who need to travel between multiple homes.