

Health Gorilla Data Exchange

by Director








Clinical Data Access

Encounter Notification Services

Details

Review Date	08/11/2023
Purchase Date	Q1'23
Implementation Time	N/A
Product Still in Use	Yes
Purchase Amount	N/A
Intent to Renew	N/A
Review Source	Elion

Product Rating

Product Overall		4.5
Use Case Fit		4.0
Ease of Use		4.0
API		4.0
Integrations		4.0
Support		4.5
Value		4.0

About the Reviewer

Purchasing Team Implementation Team

Reviewer Organization

Specialty Practice Nephrology

Reviewer Tech Stack

N/A

Other Products Considered

N/A

Summary

- **Product Usage:** Health Gorilla is used primarily for real-time patient data and ADT-level data, aiding the company in patient care coordination.
- **Strengths:** The solution offers robust data, seamless integration, real-time updates, and excellent support during and after implementation, especially concerning the ingestion of data.
- **Weaknesses:** The availability of updates and new data to all customers could be improved from the company’s perspective.
- **Overall Judgment:** Health Gorilla is highly valued as a solution that supports efficient patient care coordination. The team is collaborative and supportive, making it a preferred partner over traditional service providers.

Review

Today, we're talking about Health Gorilla and how it's being used at your company. Before we jump into that, could you give a brief overview of your company and your role there?

Thanks for having me. I'm a director at a specialty value-based care startup that focuses on partnering with specialty groups to transition them from a fee-for-service environment to more of a value-based care or risk environment.

When did you purchase Health Gorilla, and how long have you been implementing it or using it?

I believe our implementation efforts kicked off around two months ago, but we have been engaged with the team since Q1 of this year. We realized that this was a solution that hit a lot of our markets probably around Q4 of last year.

What problems does Health Gorilla solve for you?

Health Gorilla provides a robust offering of data on patients. We were initially and primarily focused on ADT-level data under the HIE umbrella. Our patients are so complex, they end up going to the hospital on nights and weekends, when our teams traditionally aren't active. We needed a tool to cross our markets to ensure that we got a ping when patients hit the inpatient setting, in hopes of initiating a triage protocol, or perhaps diverting that patient altogether, if we have a relationship with that hospital. And so our hope and goal was to ingest that data and get real-time pings to ensure that we can get in front of those patients and care coordinate in a more efficient manner.

How is Health Gorilla integrated into your clinician or operational workflows?

We actually have the data ingested down to a market level where our market care coordinator will get a ping. They check the data on a daily basis, or multiple times throughout the day. They then triage to the nurse practitioner who actually is the care provider for that patient. And that will trigger clinical protocols that create a domino effect. If the patient is at a hospital that we have a relationship with, the protocol is to call the charge nurse, call the admitting doctor. If we do not have a relationship there, our protocol is to build a relationship and try to get in front of that patient's care. We worked directly with our clinical teams on these processes and pathways to identify these patients the minute they hit the hospital. The ADT feed acts as a trigger for our team.

How does the data flow from Health Gorilla into your own systems?

Our tech team was actually in the process of implementing a care management platform at the time. Our connection to the Health Gorilla team was very timely. We were able to get everyone at the table together to really understand how that data would flow in. The Health Gorilla team works across various markets to ingest state level and local and private HIEs into their system. We thought it would be a much larger lift to get that data in, but the Health Gorilla team actually made it quite simple. They worked very closely with our tech team to get that data ingested so that we could have dashboards that work in real time and really reach down to the patient level, alongside our care management platform. It was a pretty seamless process with them.

As part of that implementation process, do you also have responsibilities to share data back? And was there any process around that?

I do remember some conversations around bidirectional data flow. Those were with our legal and tech teams, so I wasn't part of those too intimately.

Do you know if your engineers find the APIs robust and comprehensive?

Though I can't intimately speak to that either, I did work very closely with our tech teams and was part of a lot of those implementation calls. I quickly realized that the team was very collaborative. They understood we were a startup. They understood we were implementing five other things at the same time, and they were willing to be partners, as compared to just another vendor that was trying to sell us a product.

Are you using a Health Gorilla interface or UI, or is it purely data that gets fed into your back end and then you dashboard it?

In order to get started quickly, I believe we used specific interfaces. Our goal is to get data to come into our own UI and have it on our own dashboard through our care management platform. I don't know if that truly has happened yet, but I think it's going to be moving forward in the next few quarters.

How do you feel about the native Health Gorilla UI, in terms of its usability and workflows?

From my understanding, it gets us where we need to go. We're getting the data, and we're getting it in a timely manner, and it's allowing us to trigger those workflows that we discussed earlier. So I couldn't be happier about that. We've directly related it to patient care, and we're hopefully making a difference in the patients' lives, so it's definitely meeting our goals..

Have you integrated the data with other products or systems that you've purchased?

Not at this time.

Would you discuss the process you undertook that led to your decision to go with Health Gorilla?

We wanted to implement ADT feeds this year, so that was a priority for us. However, we also recognized the value of the data available under the HIE umbrella, such as labs and meds. We evaluated various tech-enabled HIE platforms and found that they have some limitations in terms of market coverage and data availability. After speaking with different vendors and testing their processes, we concluded that Health Gorilla is a good fit for us. They align with our market landscape, provide robust data, and have a team that can support us in building our own systems in-house. We are taking a long-term perspective and believe that Health Gorilla will help us achieve our goals better than smaller HIEs.

How did market coverage and data robustness compare among the different products you were considering?

In the time we've been talking with all of these vendors, there have been a lot of mergers and acquisitions. We talked to one company, a week later they've rebranded to a different name because they've merged with another company, or they were acquired by someone. One good example of that is PointClickCare, which has pretty decent coverage. They merged with Audacious Inquiry, which merged with Collective Medical, increasing coverage each time. So PointClickCare is now the umbrella. We initially had decided not to move forward with PointClickCare, but we actually use them for some of our markets now, given their increased coverage.

The coverage map is in constant flux, so we have regular back-and-forth conversations with these vendors. It's more of an iterative process, rather than a one and done. So that's a difficult question to answer with the market constantly evolving, given all the movement in the space.

How would you characterize the way coverage is partitioned by the different networks, i.e. do certain states have more coverage with a given network versus another one, or is it based on providers or provider type?

It's based more on states. And another layer is that many states have state-based HIEs that historically are not part of the PointClickCare coverage map, because that's just a free or very cheap service that you can get directly from the state. But we've found that the implementation of those services state by state actually takes a lot of time. It seems like some of these vendors, possibly including Health Gorilla, are actually going to the states and getting their data ingested, so that creates a one-stop solution.

Did you also look at Zus and Particle, for instance, and how did they stack up against Health Gorilla?

I don't recall Zus, but Particle rings a bell. I wouldn't be able to tell you with certainty right now. They probably didn't fit our coverage at the time for the markets that we were operating in.

Did you find that there were large pricing differences, or perhaps large technical functionality differences, between different providers, or was it mostly on the coverage side?

I think if we rank them, coverage was number one. Once we got down to the pricing level, we saw some disparities, but most were willing to be very flexible or creative. And the third level, which the tech team would probably rank number one, was their ability to speak the language from a data perspective and actually ingest. Health Gorilla and PointClickCare were two of the higher-rated ones in being very flexible as to how we ingest the data.

What is the structure of the pricing and the order of magnitude range to think about for these sorts of HIEs?

For the most part, if we view it from a macro lens, most of them have a one-time implementation fee. Then there will be some component of a subscriber fee, which is a very nominal monthly fee. And depending on the roster file that you send them monthly or quarterly, you get billed per patient. I think the range is around 11 to 15 cents per patient. Our patient population doesn't change very often, maybe quarterly. We understand what the costs are going to be, because they're not wildly going up and down every month. So for us, it was a pretty standard analysis. I could see how, if you're in a primary care setting, that can change. So for us, it was an implementation fee, a monthly subscription fee, and then a member per month fee.

That's not really a great price discrimination tactic between a very large organization and a smaller company. Do you know if they also have other pricing tactics?

I'm sure they do, because actually, that's another conversation I had with our finance team. Does it make sense if we grow very large? We were much smaller at the time, so I wonder if that was just the byproduct of our size at the time.

Thinking through the sales process, how did you find the actual touch points and interaction with the team on the Health Gorilla side?

Several of the others, including PointClickCare, were large enough to have a sales team, and then a tech team that they handed off to, and then a project manager. I think a lot of information fell through the cracks through those

conversations, and we're still playing catch-up there on the PCC side. The Health Gorilla team actually brought everyone to the table from the get-go. After the initial call to get the NDAs signed, we then had the PM and a tech representative along with the sales gentleman on the call, and it made for a much smoother implementation. Because the sales folks rarely know all the answers. So having everyone at the table was wonderful, and we essentially did the same thing on our side. We had our tech team, we had Legal, we had Finance. We had everyone on, and we just had a grand old time having one chat, as compared to five disparate conversations.

What was the timeline in terms of making the decision to getting in the door?

I believe we spent about two quarters going back and forth, just because we started having the conversations a bit prematurely. We weren't where we needed to be. If we take away that noise, maybe around four or five months, in terms of actually going back and forth. It was a bit longer than it should have been, just due to where we were at the time in our maturity.

What drove the back and forth? Red lines, pricing negotiations?

Initially, it was a bit of pricing negotiation, specifically with the Health Gorilla team. Now that I'm thinking back and remembering, I think we had to go back and forth a ton for the bidirectional data aspect of it, in terms of what we were providing. We were seeing patients under a CMS model, so we had to ensure that, from a CMS perspective, we were golden there, and then also with our venture team, to ensure that we were totally fine there. So that definitely took some time.

How has onboarding and implementation been? How has support been from their end as you've gone through this process?

I'm sharing this secondarily, because our tech team was actually focused on implementation. From what I hear on our calls, it's been a pretty smooth process. And the actual market launches have been great as well. The team has been helpful in the sense that, if we're not fully implemented, they're helping us get access to portals, whether they be through the state level or just Health Gorilla's portals, to get the data sooner to allow us to start taking care of some of those patients. That was something I was not aware of beforehand, and I didn't know it was a possibility. So I feel like the implementation process has been wonderful, but I can't intimately speak to anything deeper than that, just because I'm not involved with it.

You mentioned that you were using a couple of different interoperability providers in order to increase your coverage. Are you ingesting the data in parallel from different folks?

We are not using two providers for our same market. We have a blanket approach for certain markets that Health Gorilla doesn't cover. We're using Experian in Southern California, or we're using the PointClickCare team I believe in Minnesota, and then some state-level HIEs. For example, Delaware has their own state-level HIE. So we're not using multiple providers for the same market.

How did you pick which provider to use in each market?

We looked at market coverage in the beginning, and there were five or six players. We ended up talking to them about certain markets. From there, that conversation expanded to, hey, we're in these other markets as well. And then we started just planning, essentially on a whiteboard, who we could use here, who we could use there. So it was a very manual process, probably not the most optimal or efficient method, but the outcome of it has been pretty great.

How does an HIE differentiate itself? If you were going through this process again, what factors would be the most important to you?

I think we were so focused on getting things up and running that we didn't spend enough time thinking about what we wanted in the way of expectations post go-live, in terms of support. Looking back, the data cleanup, the type of data that's coming in, the timing of pings for ADT specifically, those things matter. Ensuring that we can get creative around how we actually get that data is something that we should have thought about initially. So I would have absolutely added that to a checklist in the beginning.

And just from an overall support perspective – and this goes for a lot of vendors as well – post signing, the relationship is very different than prior to signing. And that is very apparent with some of these vendors, and it's not the case for others. I will actually say that Health Gorilla has been wonderful on the other side of things. They have been very collaborative. They are actually partnering with our tech team to implement, rather than them being a service provider. And that is not the case with some of the other vendors, where it's been more of a traditional vendor relationship. So I would have definitely added those items to the exploratory phase in the beginning.

What do you see as your strategy in the next 18-24 months? Do you feel you'll work with additional vendors, or more of a consolidation?

The first priority we have is to stay ahead of our community's needs by predicting what our maps will look like. While this exercise is not perfect and more of a guess, we have noticed that the vendors we have signed with are consolidating due to the current trends in the HIE space. As our relationships progress, we intend to have conversations with vendors whose new markets overlap with our new or existing markets. Although we haven't reached that point yet, we anticipate exploring this possibility by the end of this year or Q1 of next year.

The second priority is to expand the type of data we can incorporate into our system. In Q2 of next year, we plan to start integrating HIE level data alongside the current focus on ADT data. This includes ingesting lab data and any other types of data that can be pushed through. Our clinical team is preparing to establish pathways for this additional data to ensure a smooth integration process, similar to what we have in place for ADT data.

These are the two main goals we are currently focusing on, although we initially started this process reactively due to the necessity of obtaining data quickly. While some unraveling may be required, our aim is to establish strong relationships with a select number of vendors for all our markets by the end of next year.

Is there anything Health Gorilla could do better, that you would push them to continue to invest in?

I think the team, from a relationship perspective, does a great job of keeping us updated regarding new products, new markets, new data that they can ingest. I don't know if the wider audience gets that level of updates. I think it would be great for prospective customers to understand that level of what's next for them. I spent some time on their website months ago. I haven't really looked at it recently, so maybe they've solved for that. But I know initially we were getting information from the team, which was wonderful, but we weren't able to spread that out wide or actually do that research on our own. I know there are a lot of moving parts in that world, and a lot of data that they're getting in, but getting it out and getting updates out to their customers or prospective customers would be great.