GetLabs
by Product Lead

Labs   Last Mile Care

Details

Review Date	09/01/2023
Purchase Date	Q2'23
Implementation Time	3-4 weeks
Product Still in Use	Yes
Purchase Amount	8K per month platform, $75 per visit
Intent to Renew	90%
Review Source	Elion

Product Rating

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

About the Reviewer

Purchasing Team   User

Implementation Team   Product Oversight

Reviewer Organization

Virtual-First Provider   Primary Care

Metabolic Health   Behavioral Health

Reviewer Tech Stack

N/A

Other Products Considered

ixlayer   Sprinter Health

Summary

- **Product Usage: Getlabs is primarily used by the company for home phlebotomy services, with an additional focus on improving laboratory test completion rates and enhancing patient convenience.**

- **Strengths: Getlabs offers reasonable pricing, satisfactory geographic coverage, a consistently expanding service range, good collaboration and responsiveness, and employs W2 staff.**

- **Weaknesses: Getlabs has limited coverage in rural areas, has shown weak interoperability and integration knowledge, and their white-label product is not fully customizable.**

- **Overall Judgment: Despite mentioned weaknesses, the company is pleased with Getlabs' services and believes it to be a strong player in the home phlebotomy market, owing to its focus on expansion and patient-oriented services.**

Review

So today, we're chatting about Getlabs 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?

Sure. I work as a product lead for our care ecosystem. Essentially, my role involves developing partnerships and managing external collaborations to enable last mile care for our virtual patients. Specifically, I focus on our primary care and general medical services. My job is to identify the challenges our physicians face when providing telemedicine and find ways to address them. We typically look for external solutions when it comes to hands-on physical care, rather than trying to build everything in-house. We try to find the best solutions for physical needs like physical exams, ECGs, laboratory work, and medications.

How long have you been using Getlabs?

About five months.

What was the need that drove you to look for this type of product?

So let me give you some historical context. We used to be partnered with Scarlet Health, but they are no longer in operation.

The reason we needed a home phlebotomy provider in the first place was because it proved to be a great satisfaction point for our members. It differentiated us from our competitors, and some people were even convinced to choose our service because of this capability. We also observed that clinical task completion rates were higher when members had access to home phlebotomy services compared to having to go to Quest or LabCorp locations. Initially, Scarlet's nationwide coverage helped fill gaps in rural areas. Unfortunately, Getlabs only operates in major metro areas, so our goal of also serving rural communities isn't quite met yet.

What were the key criteria or requirements that you were using to evaluate vendors in this space?

Yeah, so one key criterion was geography. Ultimately, we want to achieve near-national coverage, but since we're partnering with other organizations, we don't have full control over that. However, we wanted a partner that we could see growing and expanding along with us, including eventually reaching rural areas that are challenging to serve with patient service centers.

Another important factor was the cost versus revenue aspect. We needed a solution that is sustainable both for us and our partner. After the Scarlet Health incident, it was crucial that the value of our partnership would be high enough to support their ongoing operation.

Billing also posed some limitations due to the nature of care workflows - order of operations in clinical care. We had to consider these restrictions when determining what deployment, revenue, and cost structures we could implement.

Additionally, member experience was a priority. The partner's service delivery and tech platform would be associated with our brand, so we wanted a high-quality tech platform and a personal touch approach.

EMR integration was essential for our clinical operations. We wanted to avoid anything manual for ordering or resulting; it needed to be integrated for efficiency. We also had a strong preference for a partner with in-network lab specimen

processing. Getlabs is a collector of the specimen and does not handle the processing themselves. They send the specimens to LabCorp, Quest, or another processing facility. Since LabCorp and Quest are the two largest providers in the nation and are in-network for most of our client health plans, we wanted our partner to have strong connections with one or both of them. This ensures that the specimens are processed within the network and not considered out of network for payor billing purposes.

Lastly, and it wasn't a strict requirement, but it was an important one, we strongly preferred organizations that had W2 workforces. This was important for process visibility and accountability. When something goes wrong, having "one neck to squeeze", as you might say, makes it easier to identify the issue. Additionally, having a W2 workforce allows for better quality control. With internal systems in place, we can easily pinpoint the causes of any problems, whether it's staff-related or a need for workflow adjustments. Having a fully employed population allows us to maintain a greater level of control, as opposed to relying on subcontractors who may not have the same understanding of our processes and protocols.

Who else did you evaluate in your search for a vendor?

We assessed Getlabs and Scarlet Health, as well as the National Phlebotomy Provider Network (NPPN). TravaLab, ExamOne (Quest's primary provider for life insurance exams), Sprinter Health, ixlayer, and Olea Health were also on our radar.

What were the primary drivers that caused you to move forward with Scarlet and Getlabs versus some of those other vendors?

There were a few quick eliminations right from the start, based on our core criteria. For example, NPPN had no integrations whatsoever, no email or tech integrations. Although they met the requirements of W2 staff and being connected to LabCorp, we decided to stop there because we needed immediate service and they had no immediate integrations available.

TravaLab had numerous issues, when compared to our core criteria, and beyond that, we felt they were unprofessional, and did not handle patient health information responsibly. After just one call, we made the decision to remove them from our list.

ExamOne had the advantage of nationwide coverage, including Alaska, Hawaii, and Guam. They were everywhere. However, they only delivered to Quest. They also had the bonus capability of conducting EKGs and vitals while in the home. But they didn't have the integrations we were looking for. Instead of FHIR or HL7 V2 true integration to EHRs, they had a web portal for data entry. Their billing seemed to meet our standards of being able to invoice us and send claims to Quest for processing. However, they were significantly more expensive than we anticipated. They had a base price per visit and additional charges for the gear used and mileage or distance covered. When we calculated estimates, the cheapest visit from them, even for a visit that was not particularly far or unusual, could easily cost hundreds per visit. This pricing was far beyond what our clients would be willing to absorb in order to offer a premium service to their own members. While life insurance companies can absorb these costs by factoring them into their plans, it was simply too expensive for us.

I believe Sprinter Health has expanded their geographic coverage since we first talked to them. Initially, they only covered parts of California, but now they are reaching a wider area. But they're not solely focused on being a home phlebotomy service. They are aiming to provide a more comprehensive range of in-home medical services, such as taking vitals, conducting diabetic eye exams, performing EKGs, and measuring bone marrow density. Their main focus is on meeting HEDIS measure closure requirements for health plans. They are collaborating with health plans to close

any gaps in their medical records and seeking Medicare/Medicaid patients. Consequently, the cost of their visits is higher, typically over $150 depending on the specific service, due to additional fees for certain procedures. However, the potential benefits for health plans in closing substantial gaps in patient care make it worthwhile. They're not really positioned to be a core lab collection company, which is what we needed.

We also quickly ruled out ixlayer. First, they mainly rely on independent contractors (1099s). Although they have nationwide coverage thanks to their extensive subcontractor network, the fact that they use 1099 staff was a drawback for us. Additionally, their per-visit costs appeared to be higher compared to what we expected from Getlabs. And their costs increased significantly with distance and additional services. Despite these drawbacks, ixlayer had a solid tech platform with the necessary integrations we needed. If it weren't for the 1099 staff and higher costs, they would have been a stronger contender.

We found Olea Health intriguing because they had extensive coverage, serving over 40 states, including rural areas. However, they were not in-network with any lab. They handled their own processing and prioritized speed as their primary market advantage. They were capable of same-day collections and boasted fast processing times. Their model grew out of the traditional home healthcare space, where rapid results were crucial for their rounds and visits. Notably, all their staff were W2 employees. They also offered mobile imaging services. While Olea Health would have been suitable for lab collections, they were ultimately too expensive for us. We weren't concerned about hyper-speed turnaround, so the extra cost wasn't worth it to us.

It does seem like Getlabs is making significant strides in consolidating the market. This is a tougher market to thrive in due to labor and travel costs. To succeed, Getlabs may need to dominate the entire market, and currently, it seems like they are on that path as the last remaining player.

Another interesting thing about Getlabs is their exceptional hands-on business development team. They are accommodating when it comes to the tech platform and other aspects. We appreciate their transparent and honest conversations, where we can openly discuss our targets and test ideas with each other. They are also expanding their services to include biometrics, vitals, diabetic eye exams, POC testing for flu or strep, and even exploring in-home ECGs. Unlike Sprinter Health, which focuses solely on selling to health plans and providing full services, Getlabs is building its core business around lab services but appears primed to upsell and provide additional value within each visit to close gaps in care that we can charge for accordingly. Although they approach the market differently, both Getlabs and Sprinter Health will likely end up with similar capabilities. They both employ W2 phlebotomists who are further trained in-house to offer a wider variety of services.

Can you talk about the pricing between the different vendors?

It's somewhat hard to say, as we didn't get far enough in contracting or negotiations with the ones we ended up not working with to uncover any hidden costs. Initially, when we talked to many of them, we asked about their cost per visit. But as we went further with a few, they mentioned additional charges like a platform fee or base subscription. Olea, ixlayer, and ExamOne, in particular, seemed to have relatively high per-visit costs. It's possible that some of them don't have a platform fee and are just including everything in the per-visit cost. However, considering the current market conditions, I wouldn't be surprised if many of them rely on subscription-style revenue to secure their future and keep the business running, especially if there's a drop in patient volumes. Getlabs, for example, was quite firm about needing a commitment from us. They wanted to ensure that, even if we only sent them a handful of patients per month, they still had that baseline subscription to rely on.

Fundamentally, what were the drivers that led you to go with Getlabs?

To some extent, they're the only player that met the majority of our criteria. They have decent coverage in 26 states, mainly in metro regions, and they're actively expanding. The best part is their pricing—it's reasonable, not in the hundreds of dollars per visit or collection.. They work with both LabCorp and Quest, have proper W2 staff, and have the potential to fill the gaps in care that we're concerned about. Plus, they have a customized web experience tailored to our needs, and they offer integrations. Basically, they meet all our criteria except for rural coverage.

How was the onboarding and setup process?

Their interoperability and integrations knowledge, considering what they do, is surprisingly weak. We established one of our four criteria as the ability to send orders out and receive results. Receiving results was not an issue, since we already had an integration with LabCorp. LabCorp processes the specimens and sends us the results as expected. Sending orders, however, was far more difficult than it should have been. The way it works is that we send an order to LabCorp, who then is supposed to automatically flag it to Getlabs. However no one at either LabCorp or Getlabs seemed to know exactly how this process was supposed to work, specifically what field we should be using and what the flag is.

As someone who used to work on lab integrations in an earlier role, I have a good understanding of HL7 and how these systems should function. It took me about six months of questioning and discussions with teams from both Getlabs and LabCorp to get things sorted out. If I didn't have my baseline knowledge, I don't think we would have been able to resolve the issue.

I do know that we are their first client to use the LabCorp integration since they went live. Most of their other clients are smaller and either manually enter orders through the web portal or are direct-to-consumer businesses where consumers upload their lab orders themselves. We're the first enterprise-scale client they have had to deal with in this manner. They have definitely learned a lot from this experience, and they recently hired a new CTO who has more experience in this field. And everything else in onboarding and setup has gone just fine. We've gotten the one difficult integration issue worked out, so I wouldn't expect this to be an issue going forward for any other clients they work with.

What major use cases do you use Getlabs for?

One of my main metrics for self-evaluation is improving clinical outcomes as much as possible. And we have evidence that patients who are more informed about their lab results tend to have better outcomes, particularly since it helps with accurate diagnoses.

In certain areas where access to patient service centers is limited, we noticed that lab completion rates were lower. We would order labs for patients, but they weren't getting them done, resulting in a buildup of pending lab requests. So we started looking for a solution. Our goal was to increase lab completion rates, but there are many barriers to overcome, such as time constraints, convenience, understanding the necessity of labs, concerns about costs, and more. We conducted extensive user research to understand these challenges. Unfortunately, we can't solve all the barriers immediately. However, we found that we could reduce barriers of time and convenience through home phlebotomy services. With this option, you can book someone to come to your house, eliminating transportation concerns, which many of patients face. You don't have to worry about going to the lab and waiting in line, hoping there won't be a long wait. Additionally, you don't have to take time off work to get a lab test done.

Personally, I booked a home phlebotomy service from Getlabs, and during a half-hour break between meetings, someone arrived on time, collected my urine, and drew my blood. I was back in time for my next meeting. It couldn't have been easier. Ultimately, our core focus is to increase lab completion rates, and the added bonus is that people

love the convenience and ease of home phlebotomy. For obvious reasons, they associate this positive experience with our product, even though we don't directly provide the service.

What are the core features that you're using?

So our patient has a visit and our physician enters the orders into the EHR. The orders are then automatically sent to Getlabs, who sends a text or an email (or both) to the patient, based on their preferences with us, informing them that Getlabs has received an order from their physician, and it gives them the option to book the appointment right away. They can use a web app to choose a convenient date and time, provide their address, and then someone from Getlabs will go to their home to collect the specimen. After that, the specimen is dropped off at LabCorp for testing. We receive the results automatically from LabCorp, just like before. Our goal is to make the experience with Getlabs as seamless as possible. Ideally, patients would simply open the Getlabs app, select a date, choose a time, confirm their address, and hit go. We aim to keep it as user-friendly and hassle-free as we can.

Is what the patient is interacting with white-labeled, or is there Getlabs branding?

The page is co-branded; at the top, you'll see our company name alongside Getlabs. The rest of the page represents Getlabs, with their color scheme, font, and overall style. However, apart from the branding at the top, there are no additional logos. Essentially, it's a Getlabs page customized specifically for us. They've created a unique landing page tailored to our needs, removing certain elements like insurance entry details that we already have covered.

Any other thoughts about strengths or weaknesses?

Yeah, so as far as strengths, they're clearly looking to expand, and we can openly discuss our respective goals. They've been bouncing ideas off us like, "Hey, are you interested in this market?" And we'll respond with a yes or no, along with the reasons behind our decision. Similarly, in our pilot phase, we were trying to generate a lot of volume for them to assess clinical quality. However, we faced difficulty in driving that volume because we couldn't force people to choose Getlabs. Upon analyzing the data, we discovered that, by pure chance, a significant number of patients that month were located just outside Getlabs's service areas. Getlabs requested an anonymized list of our highest patient-density zones and zip code areas that they didn't currently serve. While they couldn't make any promises, they expressed a willingness to consider expanding to those areas, especially if it was close to an area that they already covered. It's great to work with such a cooperative and flexible partner. We're very satisfied with the collaboration so far.

How did you feel about the developer experience?

Because we didn't have to integrate with Getlabs, we didn't have to work with their APIs. Instead, we're integrating with LabCorp, which we were already familiar with. This setup may seem strange, but it actually makes sense. By doing this, Getlabs only needs to have integration with LabCorp, and since many others are already integrated with LabCorp, it's easier for them too. So, even though it sounded difficult, 99% of our work was already done. The implementation was fast from our end because we didn't have to start a whole new implementation with three different systems. We were already up and running with LabCorp, and we only needed to know how to make minor adjustments when sending a message for Getlabs.

How has the support been since you've been working with them?

Yeah, we meet up every week right now. We might reduce the frequency a bit, since we're done with most of the implementation. Also, if there's nothing much to discuss, we just cancel the meeting. But usually we both have

follow-up tasks or research to do, and we bring the answers the next week. If there's something urgent, we've been able to get quicker responses. However, usually, our discussions aren't urgent enough to require immediate attention.

Do you feel like you made the right decision with Getlabs?

Yes, I think we did. Our options were somewhat limited, and Getlabs was the only one that really met our criteria. We could have considered a more expensive alternative, absorbed the cost, and evaluated its performance. However, I believe Getlabs is the new leader in this field and will likely remain so unless an unforeseen market shift jeopardizes their financial stability. But they are supported by prominent investment groups. They should be able to navigate the current market conditions. From what I've observed, I think Getlabs will be the sole player in this market segment very soon. If they do establish dominance, things could turn out quite well for them, resulting in a positive outcome.

You talked about geographic coverage as one area of growth. Is there anything else that you would say is a growth area for them?

Having the phlebotomists do more in each home visit, within the bounds of their licensure and scope. They can conduct diabetic eye exams using devices, perform ECGs using specialized equipment, check vitals, ask screening questions, and possibly even measure bone marrow density in the future. These tasks are all related to HEDIS measures or areas where organizations often face challenges. I think that would be a good growth area for Getlabs.

What advice do you have for someone going through this selection process right now?

Basically, when it comes to selecting a partner for a process like this, you should have clear criteria in mind. Understanding why you are doing it will help determine the cost you can afford and the format in which you can bear that cost. Each partner will have their own style, and it's important to know what your non-negotiable criteria are. For example, ixlayer didn't work for us because of the 1099 issue, but that might not be a problem for others. So, what are your "will relent" and "won't relent" criteria? You also need to consider your cost and revenue structure, as well as your current and future needs. If you have a concentrated geographic region with many patients, then some of the pricier options like Olea or Sprinter Health might be a good fit. These partners offer more value and can really focus on that specific area, rather than trying to cover the entire nation. And then you may end up considering vendors (like MedArrive), which caters to dispatch-ready responders with various licenses. While it's different from phlebotomy services, they excel in heavily concentrated areas and are skilled at reaching patients that health plans have historically struggled to connect with.