

Cool Vendors in Health Value Delivery

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To meet healthcare consumer demands for value and a seamless experience, CIOs must obsess over customer focus and invest in digital enablement. These Cool Vendors exploit health ecosystem integration and emerging technologies to help healthcare organizations deliver optimal experience and outcomes.

Overview

Key Findings

- Trusted digital giants, such as Amazon, Apple and Google, have entered the healthcare market, threatening incumbent healthcare organizations that do not embrace and implement consumer-centric business models and the required IT architecture.
- Consumers expect seamless, personalized and effective engagement and services that healthcare organizations can only deliver through ecosystem orchestration, a business model that diverges significantly from traditional administrator roles.
- Consumers don't want to hear healthcare organizations' excuses for poor experience and process silos. They want affordable access to care and services to address both urgent and unmet needs and to realize improved health outcomes.

Recommendations

Healthcare CIOs developing technology-enabled strategies for the next generation of healthcare:

- Revolutionize clinical trial recruitment by digitalizing the entire process, applying social analytics and microsegmentation techniques, and buying services based on recruitment outcomes.
- Dramatically improve chronic disease management by enabling an immersive patient experience that integrates and applies analytics and insights across physical, digital and telephonic domains.
- Orchestrate care and administrative processes across patients' journeys by coordinating enterprise resources and workflows using operational intelligence and real-time analytics.
- Empower patients to better manage their health by integrating virtual care modalities, such as remote monitoring, early detection analytics and real-time alerts, into coordinated care delivery across providers.
- Address the unmet needs of socially complex patients, such as housing and food insecurity, by connecting to an accountable community resource network platform that collectively manages

service referrals and procurement processes, as well as tracks outcomes.

Analysis

This research does not constitute an exhaustive list of vendors in any given technology area, but rather is designed to highlight interesting, new and innovative vendors, products and services. Gartner disclaims all warranties, express or implied, with respect to this research, including any warranties of merchantability or fitness for a particular purpose.

What You Need to Know

Healthcare organizations face a significant threat from digital native market entrants that attract and retain billions of customers through fanatical customer centricity and unparalleled mass personalization. Organizations like Amazon, Apple and Google are using their scale and funding to disrupt the provider, payer and life science industries by exploiting the network effects of digital ecosystems to deliver high value at reasonable prices. Incumbent healthcare organizations that continue business as usual and do not address their diminishing value proposition will fall prey to this new breed of competitor. Payers, providers and life science organizations must embrace and implement new ways to create and orchestrate health value to consumers – including partnering with the digital giants – to survive industry disruption and ameliorate disintermediation (see “Healthcare Business Driver: Emerging Consumer Power”).

Consumers demand a seamless, personalized experience in their everyday interactions that healthcare organizations can only deliver by applying consumer intelligence derived from multiple ecosystem sources to produce actionable recommendations. That demand translates into myriad healthcare use cases, such as:

- Patients (and their caregivers) facing new diagnoses expect personalized outreach and easy clinical trial entry after searching the web or participating in social media discussions about the health condition and available treatment options.
- Payer members with chronic conditions participating in care management programs want convenient delivery of testing supplies; self-service test results monitoring; and results automatically sent to themselves, their providers and care managers to inform engagement.
- Hospitalized patients need the hospital staff to proactively recognize and respond to health status changes, to adjust care plans accordingly and to coordinate the appropriate care team as the treatment plan evolves.
- Medically complex patients want virtual care capabilities that include remote monitoring across multiple Internet of Things devices; digital assistants, such as Alexa or Google Home; early detection analytics; and a bring-your-own-device approach to telehealth.
- Patients with complex social needs require their providers, payers and community service organizations to recognize unmet needs and facilitate housing, food, government program enrollment and job assistance to improve health outcomes.

To meet these healthcare consumer demands, healthcare organizations must adopt an ecosystem-based approach to their consumer offerings, and establish partnerships with innovative technology

vendors that specialize in delivering these solutions. By embracing ecosystems, CIOs can help engineer networks of partner capabilities and integrated capabilities that leapfrog their organization’s current consumer value proposition – improving health access and outcomes, while engendering stronger consumer trust and loyalty.

This crop of Gartner Cool Vendors demonstrates the power of ecosystem orchestration by enabling and, in some cases, directly delivering consumer-centric solutions that address some of healthcare’s greatest challenges. These challenges include clinical trial recruitment, chronic disease management, intelligence-driven care plan adjustments, early interventions through remote care modalities and the social determinants of health (see Tables 1 and 2).

Table 1: 2018 Summary of Cool Vendors in Health Value Delivery

2018 Cool Vendor ↓	Description of Primary Offering ↓
AutoCruitment	Digitalized direct-to-patient clinical trial patient recruitment based on social analytics and microsegment target marketing
Livongo	Unified, immersive disease management experience across digital, telephonic and physical channels that marries technology with human touch to optimize effective engagement
Lumeon	Operational intelligence-fueled care pathway automation and care coordination
Medocity	Integrated virtual care experience platform, including remote monitoring, early detection analytics, telemedicine and geographically distributed care team coordination
Unite Us	Actionable social determinants of health identification, management and monitoring platform that integrates across community network resources and existing healthcare provider systems

Source: Gartner (September 2018)

Table 2: Where Are They Now?

2017 Cool Vendor ↓	Description of Primary Offering ↓
Zipari	Customer-centered, data-rich and workflow-enabled payer platform for value-driven purchaser and provider service enablement, as well as other engagement uses

Source: Gartner (September 2018)

AutoCruitment

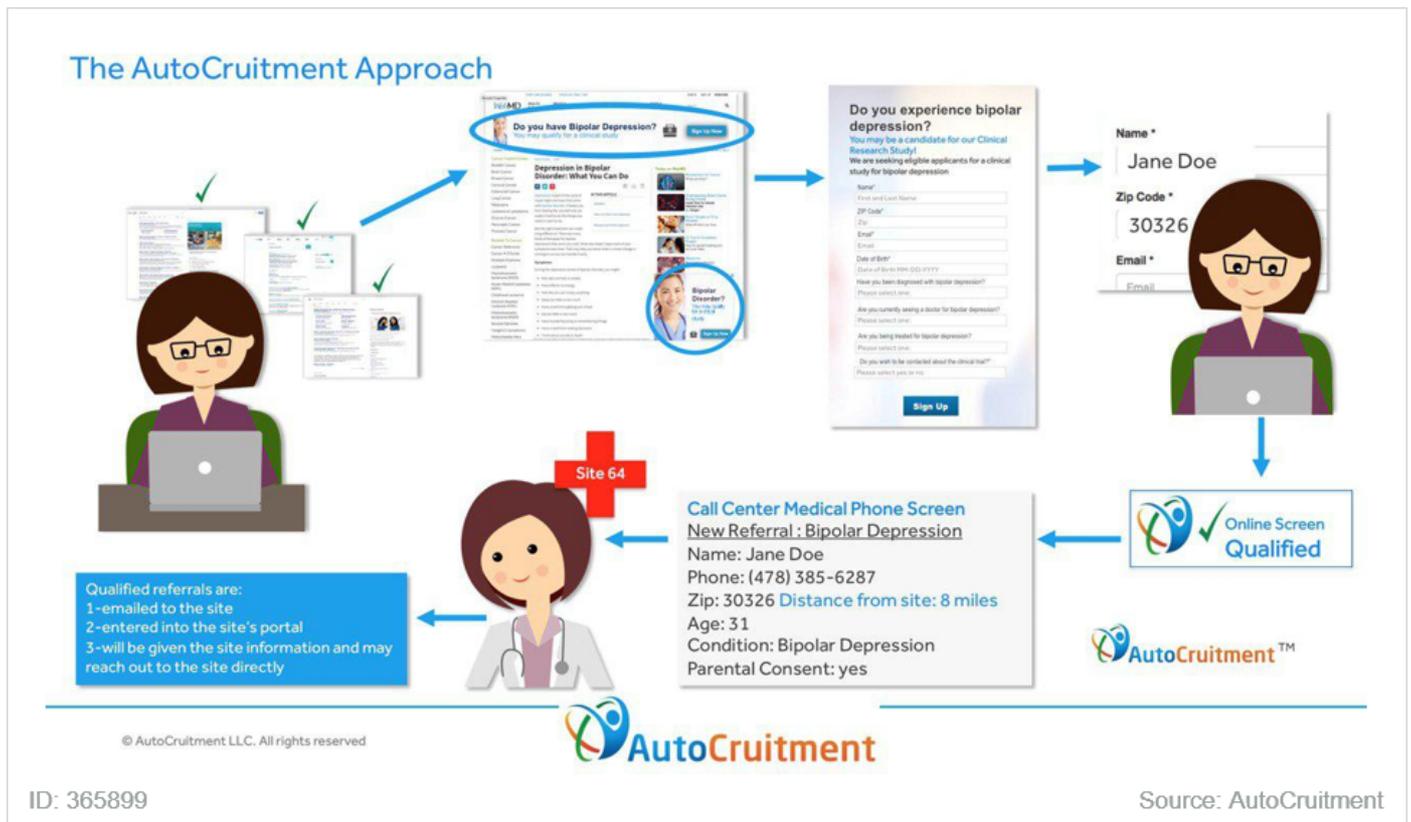
Atlanta, Georgia (www.autocruitment.com)

Analysis by Jeff Smith

Why Cool: AutoCruitment is cool because it uses over 1,000 online channels to algorithmically hypertarget and engage potential clinical trial subjects that have desirable digital, demographic and geographic characteristics. Prospective trial subjects who click on targeted ads are directed to sign up

on the company website or one of the company's numerous condition-specific websites. AutoCruitment uses this data to build out its patient database, which can then be used to connect them to an existing or future trial. Sponsor clients can monitor recruitment results in real time using online dashboards. As stated by AutoCruitment co-founder and CEO, Bethany Bray, "Like many entrepreneurs, we identified a problem: clinical trials were impossible to recruit for, but patients were always excited and grateful for the opportunity to participate. There was a disconnect." Finding new pathways to reach this unmet demand was an essential part of fully digitalizing the patient recruitment process (see Figure 1). Its other innovations include dealing directly with the trial sponsor client, and only peripherally with the investigative site, and revamping the pricing model by charging a base fee for subjects that are successfully prescreened (with a bonus for subjects randomized).

Figure 1. The AutoCruitment Approach



Source: AutoCruitment

The AutoCruitment direct marketing approach works by reviewing available online data sources, and analyzing and tagging potential subjects on all available social media outlets, including major websites like WebMD, Drugs.com and other patient communities. It then uses targeted banner ads on Google, Facebook, Bing, Yahoo! and health-related websites in its display network to attract patients to its site. Patients can then sign up to enter the network, followed by a phone screening with a physician from AutoCruitment's call center. Once their data record is complete, they can be matched and prescreened into a trial. Generally, 5% to 20% of prescreened patients reach the trial randomization stage.

AutoCruitment currently has around 20 employees, and it continues to hire and expand in 2018. It has raised seed funding in 2015 and 2016, and its clients include four of the top 10 pharmaceutical and biotech companies worldwide, eight of the largest clinical research organizations and two of the largest oncology hospitals.

Challenges:

- As the recruitment industry matures and becomes increasingly digital, AutoCruitment is facing new competition from older and more-established players in the space. It can be very difficult to be included on a life science company's preferred vendor list, and disruptive new vendors like AutoCruitment must compete with well-entrenched players that have been active for many years.
- Earning the trust of major clients takes time, and AutoCruitment must continually invest in its technology to maintain a competitive edge against other companies that are quickly catching on and catching up to its innovative approach.
- As the patient recruitment space evolves, and it moves from what has essentially been a referral network among investigative sites to a data-driven digital network, this has expanded opportunities for new players like AutoCruitment. However, to maintain any early mover advantage, it must continue to grow its clients and build its patient network.
- Customers want more data to be available as trials grow in complexity, and AutoCruitment may find that its database is broad, but only "knee deep." Expanding and deepening its platform and value offerings will be essential for it to maintain its rapid growth.

Who Should Care:

- Clinical operation leaders interested in improving patient recruitment for all study types, and particularly for trial indications for which trial subjects are difficult to find
- IT leaders involved with e-clinical strategy and the use of new technologies to improve operations

Livongo

Chicago, Illinois (www.livongo.com)

Analysis by Jeff Cribbs

Why Cool: Its early results are a good indication that Livongo is cool, because it found a formula for care management for diabetics that tangibly delivers on all three goals of the triple aim: improving health, managing costs and improving patient experience. For all the hype, digital health technologies that do all of that are exceedingly rare.

To start the program, participants receive an attractive welcome kit containing an internet-connected glucometer, testing supplies, intuitive setup instructions for the device, and an accompanying online account and mobile apps. The program participant is immediately immersed in a series of integrated Livongo experiences that span digital (the apps, website and user community), telephonic (24-hour clinical support) and physical connections (the monitoring device and testing supplies). Of course, other vendors also supply these experience components. However, Livongo differentiates its services by using event-driven behavioral analytics and thoughtful design to orchestrate an integrated, user-friendly experience across modalities. This intelligent blend of the newest ideas in mobile health monitoring (a convenient wireless glucometer and user community support) with the oldest ideas (providing free testing supplies) makes Livongo stand out among digital health offerings.

Challenges: Livongo has demonstrated compelling results for its program participants, which number about 100,000 today. As the company grows, it will, as many have before it, find challenges in delivering

similar client success at a larger scale. For vendors in a clinically specialized niche, like Livongo, there is a particular risk that the “special sauce” will not work as effectively for later adopters that may differ substantially in their behavioral and clinical profiles from early adopters.

There is a second and more existential challenge, however. The attribute that makes Livongo unique is its unified, immersive experience for participants. The attribute that may present the greatest challenge in scaling enables this experience – its ownership and control of all virtual and physical assets that create the experience. Most individuals with diabetes are dealing with more than diabetes. And most health plans and plan sponsors want to accomplish more in partnership with these individuals than just managing their diabetes-related health, costs and experiences. Livongo has announced new capabilities to manage hypertension in January 2018 and a Diabetes Prevention Program (through its acquisition of Retrofit) in April 2018. Ultimately, to combat looking like another condition-centric data, process and experience silo, Livongo will need to emphasize its willingness and technical capabilities to coordinate with other technology and service providers to create seamless experiences beyond what they own and control.

Who Should Care: Livongo should be of interest to healthcare CIOs looking to:

- Bring innovative ideas for the deployment of leading-edge technologies for improved member health, cost and experience
- Demonstrate to plan sponsors (employers and governments) that the organization is pursuing clinical innovation using leading-edge technologies
- Deliver a clinical innovation to market very quickly, relative to designing and building a new clinical program internally, which would require specialized people, processes and a platform

Lumeon

Boston, Massachusetts (U.S.), London, England (Europe) (www.lumeon.com)

Analysis by Barry Runyon

Why Cool: Lumeon is cool, because it is an early embodiment of the intent and core capabilities of a real-time health system (RTHS) platform, bringing situational awareness to care delivery and the patient experience through applied operational intelligence and real-time analytics. Lumeon’s Care Pathway Management (CPM) platform collects and contextualizes patient event and situational data to coordinate enterprise action. Lumeon’s CPM platform enables healthcare delivery organizations to automate and orchestrate workflows, processes and systems (see “Hype Cycle for Real-Time Health System Technologies, 2018”).

Lumeon’s CPM solution acts as an air traffic controller for healthcare delivery, identifying the optimal route (care pathway) for the patient, avoiding bad weather and congested airways (resource constraints), and providing status updates to the pilots and crew (care team). CPM continuously adjusts the care plan and actions required according to the patient needs at a given time, integrating information across clinical and administrative domains. This allows healthcare delivery organizations to optimize resource utilization and take more control of their end-to-end care delivery model.

Lumeon's CPM platform differentiates itself from competitors through its ability to orchestrate care and the associated administrative processes across the patient journey – from admission, through discharge, through recovery. It enables healthcare providers to gain insight into the root causes of their most significant care process challenges and deliver better-integrated care experiences for patients.

A healthcare provider at the highest level of RTHS maturity possesses pervasive enterprise awareness, visibility and operational intelligence enriched by real-time analytics, which are then purposely applied to events and circumstances surrounding the patient. Lumeon's vision appears to encompass this end state.

Challenges: A hospital or health system that uses up-to-the-minute operational intelligence to adapt to changing circumstances surrounding the patient, continuously improves operations and learns effectively becomes “smarter” and appropriately autonomous. Provider organizations are in the midst of this transformation and, along with it, a new way for the CIO to think about healthcare IT and their role within the enterprise. However, many organizations may not be structured to take advantage of this kind of intelligence, and full value achievement will require a cultural shift.

The concept of enterprisewide resource orchestration is just beginning to take hold within the healthcare provider industry. Currently, there is no one vendor that can provide a comprehensive set of enterprise-level orchestration capabilities in the form of a platform. Lumeon is at the forefront of this evolution. It will face skepticism and resistance from healthcare providers, because this delivery model challenges long-held views and practices. But as the financial realities of healthcare continue to bear down on patients and providers alike, Lumeon's approach will gain traction. Perhaps Lumeon's biggest challenge will be to demonstrate that it can positively impact care quality, coordination and the patient experience through the use of innovative IT in terms that resonate with the healthcare delivery organization.

Who Should Care: Lumeon should be of interest to healthcare provider CIOs and clinical leadership looking to apply innovative IT to improve care quality and patient satisfaction measures and other critical enterprise key performance indicators.

Medocity

Parsippany, New Jersey (www.medocity.com)

Analysis by Laura Craft

Why Cool: Medocity is cool because of its highly integrated and advanced remote patient monitoring capabilities that bring virtual care to an entirely new level of value by effectively connecting patients to their health and wellness. Raj Agarwal founded Medocity in 2013. His vision was that, by enriching patient care at home with early detection and proactive intervention, outcomes can be improved and costs reduced. And there is ample evidence suggesting his theory is correct. Take heart failure as an example. Recently published studies cite real-time remote monitoring and telemedicine as significantly contributing to lowering 30-day readmission rates (52%)¹ and hospitalization (64%).² There is additional evidence that demonstrates better health outcomes and chronic condition management when a patient has regular contact with a care provider.³

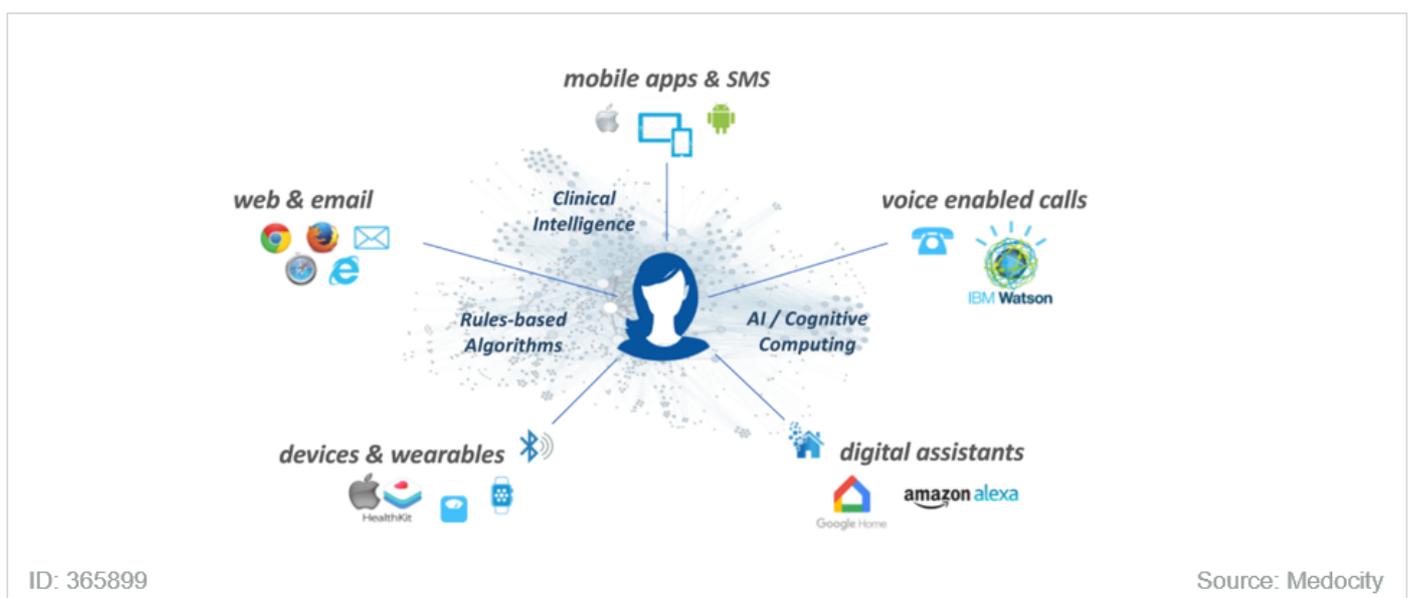
Medocity's Continuous Care platform uses proactive monitoring, early detection (using advanced rule-based engines) and real-time alerts to address the challenges patients have in managing their own care, as well as supporting caregivers.

Medocity currently supports care for cancer, congestive heart failure, chronic obstructive pulmonary disease (COPD), diabetes and behavioral health, but can be adapted for any chronic or complex condition. The Continuous Care platform includes:

- Virtual care management for chronic conditions and co-morbidities – This includes care plans with goals and tasks, symptom monitoring and management, vital sign intake, medication management, nutrition and exercise, education, and resource management
- Remote monitoring for earlier detection and intervention – Patient-generated/patient-reported outcomes from more than 200 devices (such as scales, blood pressure cuffs, glucometers and pulse oximetry)
- Telehealth/televisits, along with secure messaging, using secure, integrated video, email, text and telephony engagement options
- Care coordination and transitional management across different disciplines, dispersed locations and extended care teams

One of coolest parts is the support for digital assistants, such as Amazon’s Alexa. Using Alexa’s voice-activated interface to access the Medocity Smart Home Health Assistant, a patient can access all of his or her most relevant and most recently updated vital health information. Additionally specific data points (such as glucose) can be updated in real time. The cloud-based, service-oriented architecture is flexible, compatible with most operating systems and devices, and easily configurable to allow patients to engage when and how they choose (bring your own device) – see Figure 1. It is this type of comprehensive connected care, yet simplified and customizable end-user experience that differentiates Medocity from other vendors entering this space.

Figure 2. Medocity Platform and Ecosystem for Engaging Patients



Source: Medocity

Provider, payer and life science organizations have deployed Medocity, and early implementations have yielded some impressive testimonials. In one study, the Montefiore Einstein Center for Heart and Vascular Care is using the Medocity platform to help patients with heart failure by increasing patient engagement. ⁴ Patients note that this approach has helped them feel more in

control of their care and connected to their care team. From another observation study involving 40 patients with severe depression or anxiety, R. Dakota Carter, M.D., Ed.D., stated, “The truly incredible tool has so many utilizations in crisis management, the toughest part of psychiatry, and for interventions ... to increase engagement (by simply letting patients know we care especially in their moment of need), prevent hospitalization and potentially stop loss of life.” ⁵

Challenges: It’s still an early market. Finding forward-thinking organizations that see the potential value proposition for their patients, are willing to invest and have the organizational skills to execute in the near term will be the exception. Market interest in solutions like Medocity’s is accelerating, and quite frankly should be (CIOs take note). Gartner still projects the enterprise virtual care platform, in which Gartner maps Medocity’s platform capability, is five to 10 years away from mainstream productivity (closer to five years than 10). While aspects of the platform, such as on-demand virtual visits and remote patient monitoring, are significantly more mature, Medocity is clearly on the cutting edge of building a comprehensive, connected, device-agnostic platform.

Who Should Care: CIOs in organizations focused on digital care delivery transformation and that are creating the patient journey roadmap should take notice of Medocity. Gartner has made the following predictions related to this category of capability:

- By 2022, 20% of the population with chronic conditions will rely on virtual health assistants for health and wellness management.
- By 2025, 35% of all care in the U.S. will be delivered virtually.
- By 2027, the majority of interactions between patients and care teams will be virtual or remote, and the majority of those will involve artificial intelligence applications.

If our predictions are true, then capabilities like those of Medocity will become a vital core component of digital care delivery and part of IT’s digital transformation roadmap:

- Chief medical officers, chief medical informatics officers, chief nursing information officers and other clinical leaders who are investing in progressive ways to improve patient outcomes and overcome patient self-management challenges should consider opportunities to use Medocity with high-risk populations.
- CFOs who are making investment decisions on technologies should understand the ROI Medocity offers, including cost avoidance.

Unite Us

New York, New York (www.uniteus.com)

Analysis by Mandi Bishop

Why Cool: Unite Us is cool, because the company enables community network resource management (CRNM), allowing health ecosystem stakeholders to act on consumer needs associated with social determinants of health (SDoH). These stakeholders include healthcare organizations, as well as community service providers (see “U.S. Healthcare Payer CIOs Must Master a New Pillar of Population Health – Community Resource Network Management”). Healthcare organizations (payers, providers and

life science companies) increasingly recognize that clinical care delivery only accounts for 10% to 20% of the factors that determine an individual's health ⁶ . Nonclinical factors – personal behavior, genetics and environment factors like connectedness, housing stability, food security, geography, education and financial stability – overwhelmingly determine health outcomes. Without acknowledging and addressing unmet nonclinical needs, healthcare is ineffective at improving health over the long term across populations.

Forward-leaning healthcare organizations are tackling this challenge and reporting positive results. For example, Montefiore reaped a 300% ROI from its program that houses homeless patients. ⁷ However, many healthcare organizations are reluctant to take responsibility for addressing these factors, and their reticence is generally justified. Identifying and addressing SDoH have long been the purview of government entitlement programs and public health practitioners. Healthcare organizations cite an inability to connect patients in need with the appropriate services efficiently, or to manage the costs associated with capturing and sharing appropriate information with nonclinical service providers. Even when the community resource network and referral process are in place, healthcare organizations struggle to measure the effect of service referrals on health outcomes. Unite Us overcomes each of these challenges with a combination of:

- Community outreach and collaboration
- Innovative funding methods
- A technology platform that integrates referrals and measures outcomes across all kinds of service providers
- A presence across the country with 38 communitywide networks

Unite Us goes the last mile as well, to ensure that patients receive the services they need.

Unlike other CRNM vendors that offer only service resource directories, Unite Us believes that the resource directory is simply a feature. The CRNM solution value is in achieving positive health outcomes from the referrals to organizations listed in the directory. Community resource networks are already making referrals and already coordinating care, such as the U.S. Department of Veterans Affairs referring at-risk veterans to housing, healthcare and employment opportunities. By using the Unite Us software platform, participating healthcare and service organizations significantly increase the efficiency and effectiveness of these efforts, and have real-time status visibility across the network (see Figure 3).

Figure 3. Healthcare and Community Service Organizations Identify and Address Unmet Social Needs While Tracking Outcomes Using the Unite Us Shared Social Determinant Dashboard

Records

SERVICE	TYPE	CREATED	ASSIGNED TO	STATUS
Clothing	Referral	8/31/2017	NC Serves Metrolina Coordination Center	Needs Action
Employment	Assistance Request	8/23/2017	NC Serves Metrolina Coordination Center	Needs Action
Food	Case	8/15/2017	NC Food Bank	Open
Legal	Case	7/23/2017	Housing Works	Open
Benefits	Referral	7/15/2017	Single Shop	Referred

Forms

NAME	UPDATED
NC Serves Clothing Assessment	8/31/2017
NC Serves Employment Assessment	Not Started
NC Serves Food Assessment	Not Started
Intake 1	7/25/2017

Timeline

- JAN 16, 2018
 - Address Added by Ashley Jones Long Name 3:11 pm
 - Employment Case Closed by Ashley Jones Long Name 3:03 pm
 - Resolution: Resolved
 - Outcome: Employed Full Time
 - Exit Date: 1/16/2018
 - Note: Client received full time employment as a Customer Service Representative at Target.
 - Note Added to Employment Case by Ashley Jones Long Name 3:01 pm
 - Interaction Type: Meeting
 - Date: 1/16/2018
 - Duration: 1h
 - Note: Initial appointment with Barbara - we reviewed and made edits to her resume. She will send out to 5 companies for full time employment.
 - Employment Referral Accepted by Ashley Jones Long Name 2:43 pm
- JAN 15, 2018
 - Employment Case Created by Ashley Jones Long Name 10:03 am
 - Organization: Employment Provider
 - Description: Looking for full time employment, currently she is only

ID: 365899

Source: Unite Us

Source: Unite Us

Unite Us partners with organizations such as the United Way and 2-1-1 across dozens of communities nationwide, and has more than 38 healthcare and community service referral networks across the U.S. They deploy teams into communities to establish and find funding support for a collaborative and accountable referral network that is instantiated in the Unite Us platform. The platform is patient-centric, rather than network-centric, so that there is a longitudinal view of an individual across any geography or community network.

Consumers can become a client of the Unite Us community resource network through any engagement point, such as self-service 2-1-1 outreach, healthcare provider referral, social service worker, community-based organization or a veteran's organization. In addition to custom connections and emerging integration with the Veteran's Administration (VA), the Unite Us platform integration library includes Salesforce and iCarol (2-1-1 care management). Within the healthcare realm, Unite Us has a patent-pending electronic health record system integration with Epic that is available in Epic's App Orchard and is accessible to Epic's Healthy Planet population health management solution. This allows clinicians to manage these extra-healthcare processes within familiar clinical workflows. It also supports Epic's approach to integrating SDoH for all clinicians to view and build into context for care and outcomes.

In short, Unite Us provides a comprehensive, convenient and effective approach to addressing the life context of consumers with complex social needs.

Challenges: Unite Us delivers life-changing outcomes for program participants, such as 82% of the Unite Us community resource network consumers referred to employment assistance in Charlotte, North Carolina, who achieved employment or actively enrolled in job counseling and support.⁸

For that same Charlotte network, the Unite Us platform decreased client intake and referral generation time by 88%. However, the process that achieves these outcomes involves relationship- and consensus-building activities that demand that Unite Us commits substantial human

resources to each local market. It isn't easy to scale humans – especially public-service-driven humans who understand technology and also have the soft skills to facilitate interagency partnerships. To grow, while continuing to provide support services to existing communities, Unite Us will need to recruit and hire ahead of demand, and will have to seek candidates outside typical healthcare IT experience.

Who Should Care: Unite Us should be of interest to healthcare CIOs who seek to:

- Expand population health management programs beyond traditional medical care delivery to address unmet needs and improve health outcomes for program participants
- Augment longitudinal member records with new SDoH data domains and supply advanced analytics opportunities for actuarial and data science departments
- Meaningfully engage members by developing life-experience-based outreach and education, including customized care management and customer service workflows
- Improve consumer and provider trust in local markets through active collaboration with community leaders

Where Are They Now?

Zipari

Brooklyn, New York (www.zipari.com)

Analysis by Mandi Bishop

Profiled in "Cool Vendors in Health-Value Management for U.S. Healthcare Payers, 2017"

Why Cool Then: Zipari was cool last year, because it enabled meaningful consumer engagement and sales process execution through sophisticated segmentation techniques, flexible workflow configuration and API-driven integration capabilities. It maximized the ROI of existing or newly purchased CRM applications by supplying next-best-action insights that customers could use to inform business processes, from sales, to customer service and beyond. In addition, it was fast to deliver value using preconfigured workflows, data connectors and member-facing tools ready to deploy almost immediately on contract execution and demonstrated on the fly.

Where They Are Now: Zipari is still cool, and its client base says so. Customer feedback has been consistently positive, and the company has seen revenue and new sales increasing significantly year over year since its 2016 go-live. In 2018, Zipari introduced new provider and employer portal products that complement its flagship customer service center offering, with initial implementations presold before the product launched. By providing stand-alone portals that leverage its core data and analytics Consumer Experience Platform, Zipari stayed true to its strength while serving targeted market needs with point solutions that clients can extend to an all-inclusive engagement hub.

Who Should Care: Zipari should be of interest to healthcare payer CIOs looking to:

- Evolve their member, provider, broker and employer portals without wasting millions of dollars and months of person-hours on the implementation process.

- Take steps to invest in engagement platform architecture to support long-term digital transformation goals while delivering quick wins to business leaders.
- Collaborate with an innovative engagement solution vendor that treats its clients as partners and that is transparent about its maturity, roadmap and intentions.

Evidence

¹ S. Agboola and others, "Heart Failure Remote Monitoring: Evidence From the Retrospective Evaluation of a Real-World Remote Monitoring Program," *Journal of Medical Internet Research*, April 2015.

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³ ["The CAHPS Ambulatory Care Improvement Guide: Practical Strategies for Improving Patient Experience, Section 2: Why Improve Patient Experience?"](#) Agency for Healthcare Research and Quality, May 2017.

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⁵ R.D. Carter, ["Utilizing Remote Patient Monitoring and Telehealth for Managing Behavioral Health Populations,"](#) Medocity, 20 February 2018.

⁶ S. Artiga and E. Hinton, ["Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity,"](#) Henry K. Kaiser Family Foundation, 10 May 2018.

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⁸ ["Improved Health Happens in the Community,"](#) Unite Us.

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