

Introduction

The past year has seen the healthcare industry face economic factors that range from drug pricing to staff shortages and restructuring all the while addressing growing demands for affordability and better patient outcomes.

Medical and technical innovators as well as start-ups are disrupting the market as models of healthcare are being reimagined with the boost into remote and retail care locations.

Players in the industry have been working through these challenges as they navigate the landscape by investing in replacing aging technology, throwing out outmoded business models and rebuilding infrastructures.

Some of the most encouraging signs point to personalized therapies that include cell and gene therapies. Novel drugs are being launched at unprecedented speed with personalized medicine, biomarker testing, and Al driving toward improved patient outcomes.



This year's Healthcare Innovation Report reflects those trends. Each year we uncover cutting edge organizations that have or are in the process of launching new technologies and services that are reinventing what it means to be focused on helping people. Each year it gets harder for our judges because there are so many more companies doing great work and making huge strides toward that goal.

Applicants were judged in the following categories:

- · Clinical Information Management: Clinical information management supports decision-making and ensures quality patient information at every touchpoint along the patient journey.
- · Data Analytics/Business Intelligence: Innovative data analytics tools enable healthcare organizations to maximize performance, improve customer health and bolster efficiencies through smarter management of resources, risk assessment, quality measurement, clinical resources and predictive modeling.
- Digital/Mobile Health Solutions: Smartphones and tablets have created an intense and perpetual demand for innovative apps, solutions and services designed to engage and educate customers, save money, and enable information sharing among providers, payers and customers alike.
- Financial/Operational Solutions: Healthcare organizations are seeking new ways to streamline their operations, upgrade legacy systems and increase efficiencies.
- Population Health Management/Patient Engagement: Consumers are making decisions about their coverage and care on their own, leaving healthcare organizations seeking new ways to engage in this new environment that allows consumers to take charge of their healthcare. At the same time, health insurers and providers are seeking tools that promote behavioral changes, enhance communication and improve the patient experience.

Our expert panel of judges reviewed hundreds of applications to find the best of the best and now I am pleased to introduce you to our 2023 winners.



Rebecca Willumson Senior Vice President & Publisher Fierce Life Sciences



MEET THE JUDGES



Senior Manager, Marketing and **Business Development** Clint, the clinical intelligence platform



Senior Vice President and CIO Cook Children's Health Care System



Todd Richardson Former Senior Vice President/CIO Aspirus



Division CIO CommonSpirit Health



Director of Operations GraphWear Technologies Inc.



Senior Vice President & Publisher Fierce Life Sciences



WINNERS



CLINICAL INFORMATION MANAGEMENT

Universal Smart Health Benefits Card Data Management System

ISEEYOUCARE INC

PointClickCare*

DATA ANALYTICS/BUSINESS INTELLIGENCE

PAC Network Management

PointClickCare



DIGITAL/MOBILE HEALTH SOLUTIONS

Vivio System™

Ventric Health



FINANCIAL/OPERATIONAL SOLUTIONS

GoodRx Integrated Savings Program

GoodRx



POPULATION HEALTH MANAGEMENT/PATIENT ENGAGEMENT SOLUTIONS

Hinge Health's Women's Pelvic Health Program

Hinge Health







CLINICAL INFORMATION MANAGEMENT

CEO: ROBERT HIGGS

HEADQUARTERS: EVANSVILLE, INDIANA

FOUNDED: 2008 **ISEEYOUCARE INC**



WHAT'S THE SCOOP:

As a software and telemedicine/telehealth developer and solutions provider, ISeeYouCare has been focused on building one of the largest eco-systems of patient-centric, data-driven digital healthcare products solutions of their kind. Its Smart Health Card Data Management system stores a person's health records on a secure micro-chipped card that can only be accessed through the same authentication and security measures used by the Department of Defense. With the card, a patient, provider, payor or health-care practitioner can access the information, including imaging, at the point of care. The card also allows payors to perform clinical analytics and automated reconciliation of medical claims billing. "We now have the world's only national digital ecosystem health data management information system," Robert Higgs, founder and chief executive of ISeeYouCare, said. "It's comprised of six enterprise systems and the smart card is part of that." In a study conducted by the Kentucky Health and Family Services Administration of medical claims on that provided a Smart Health Card to 1.2 million residents, the state found that the card could save \$370 per Medicaid beneficiary each year. Another cost analysis as conducted by Health Management Systems Higgs cited involved a study survey of 2.5 million Ford Motor Company retirees that indicated demonstrated if the card were adopted it would reduce the cost of medical services to a Medicare aged population by \$2,028 per year, per member. That amount, if transferred applied to 55 million Medicare beneficiaries, would account for a \$111 billion savings a year by the federal government, he said. The card is currently being used in a number of foreign countries with nationalized health systems. The savings comes from shutting down some nine types of fraud and the elimination of redundant and unnecessary medical procedures.



For Higgs, it goes back to 2007 when his wife was hospitalized and a panoply of healthcare missteps happened. He resolved to find a solution. It was that and his faith. "I could get bitter or I could get better," Higgs said, choosing the latter to form what is now ISeeYouCare and Global Care International. Additionally, Higgs said the team's passion really drives the company now.

WHAT TO LOOK FOR:

They are looking to make big pushes into the international market, and are currently in talks with several Caribbean countries. Recently, it sent its first bid to establish its platform in Guyana.



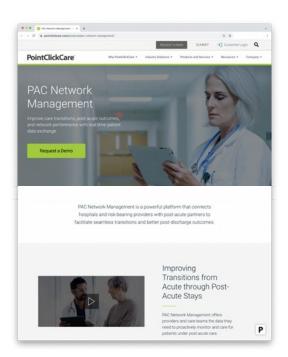
PointClickCare®

DATA ANALYTICS/BUSINESS INTELLIGENCE

CEO: DAVE WESSINGER

HEADQUARTERS: TORONTO, CANADA

FOUNDED: 1995 POINTCLICKCARE



WHAT'S THE SCOOP:

PointClickCare offers a network management platform that targets post-acute care transitions, outcomes and network performance. The tool connects hospitals and other risk-bearing providers with postacute partners to streamline transitions and improve post-discharge outcomes using real-time patient data exchange. "Over the last three years we have brought three companies together to support our journey towards creating a truly collaborative care network," Brian Drozdowicz, PointClickCare's senior vice president and general manager of Acute and Payer Markets, said. "With these acquisitions, we have achieved our goal of becoming the most expansive, fullcontinuum care collaboration network, offering care teams immediate, point-of-care access to deep, real-time insights at every stage of the patient's journey." Earlier this year, the company announced collaborations with Massachusetts Health and Hospital Association and Georgia Hospital Association. "These partnerships come at a critical time as the healthcare sector faces unprecedented workforce challenges and as emergency department crowding reaches crisis levels," Drozdowicz said.



"Our fierceness stems from leaning into our unique ability with our market share of LTPAC (long-term and post-acute care) facilities and the largest combined collaboration networks to bring two traditionally very siloed care streams together, ultimately improving the sharing of health information across the continuum and facilitating improved efficiencies, outcomes, and lower costs," Drozdowicz said. The company boasts more than 27,000 LTPAC providers, more than 2,800 hospitals and health systems and over 3,600 ambulatory clinics.

WHAT TO LOOK FOR:

Look for the company to continue to invest in innovation that helps bridge the gap between patient data and risk factors so they can predict outcomes before they happen, leverage its experience to support patients and explore the growing use of Al so healthcare teams can make more informed decisions. "The right Al capabilities can help to synthesize, summarize, and predict the flood of information our care teams receive and turn it into more focused and actionable insights," he said.





DIGITAL/MOBILE HEALTH SOLUTIONS

CEO: SEAN BRADY

HEADQUARTERS: PASADENA, CALIFORNIA

FOUNDED: 2014 VENTRIC HEALTH



WHAT'S THE SCOOP:

Cardiovascular disease continues to be the leading cause of death in the U.S., costing as much as \$219 billion in expenditures each year. As much as half the patients suffering from heart failure in the country go undiagnosed. Because of the lag, about 65% of Medicare patients aren't diagnosed until they are in an emergency room—a number that jumps to 75% for lower socioeconomic status patients. Though numerous advances have been made in treating the disease, Ventric Health is zeroed in on closing the gap between diagnoses and treatment. "Our goal is to shift the diagnosis to the outpatient setting because once achieved you've significantly reduced costs, improved the quality of life for patients and reduced a whole set of issues that end up benefitting the patient, the healthcare provider and the system as a whole," Sean Brady, Ventric Health's chief executive and co-founder said. Its Vivio System uses advanced algorithms to non-invasively detect elevated LVEDP (left ventricular end-diastolic pressure) within five minutes or less. The system uses an arm cuff and a single lead EKG patch that pairs with a tablet containing the Vivio app that can be used in a clinic or home health care setting. Clinicians can see the results in real-time to aid in diagnosing heart failure. "We're able to take the gold standard (LVEDP that is measured invasively during cardiac catheterization) quality of information and put it in the hands of the primary care provider that allows them to make a diagnosis much sooner," he said.



The focus the team has on improving patient lives. "We have people from all different backgrounds but the thing that is unfortunately unique is we all know someone with heart disease," Brady said. "We see it, we feel it and it motivates all of us."

WHAT TO LOOK FOR:

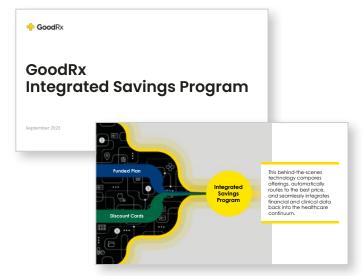
Brady said there are two areas—having a bigger impact on population health by diagnosing heart failure patients and driving the financial benefit of doing that. He also added a third; driving the move toward more equitable access to healthcare.





FINANCIAL/OPERATIONAL SOLUTIONS

CEO: SCOTT WAGNER HEADQUARTERS: SANTA MONICA, CALIFORNIA FOUNDED: 2011 GOODRX



WHAT'S THE SCOOP:

Somewhere between 30 to 50 percent of patients in the U.S. don't take their prescribed medications, which often leads to hospitalizations, higher costs, poor health outcomes and even death. The contributing factors in the lack of drug adherence in the country are tied to the rising costs of medication and what has seen by many patients as a labyrinth of steps to get their drugs. The mission of GoodRx is to help Americans get the healthcare they need at a price they can afford. This happens today at the more than 70,000 pharmacies across the country in the GoodRx network, that includes major retailers like CVS, Walgreens, Walmart and Costco. To further alleviate the problems that face insured patients GoodRx introduced its Integrated Savings Program to bring GoodRx discount pricing directly to commercially insured plan members. "We want to bring all the pieces of the process together to make it work for patients," Cynthia Meiners, Strategic Program Development Officer of GoodRx said. With the company's ISP platform patients have the process and tools in place, and use their insurance card already in their wallet. No additional steps are required of them because the pricing comparisons and discounts are applied behind the scenes. Nor do the pharmacies themselves need any additional steps or technology investments to participate in the program. "Pharmacies are where people get their drugs, it's the point of service where most healthcare happens," Meiners said. "We are trying to streamline the process and wring the complexity out of the system so the care people need can be provided."



The GoodRx team takes what they do personally. "All of us feel the challenges in the healthcare system and how difficult they are to navigate," Meiners said. "The people inside of GoodRx are on a personal mission, and that makes us Fierce."

WHAT TO LOOK FOR:

In addition to expanding their footprint with more retail partners and to help the uninsured, Meiners said the company is exploring the possibility of doing what they do for Medicare to compliment the work they have done for Commercial plans. "If it helps doctors be doctors and pharmacists be pharmacists then let's do it," Meiners said. "Ultimately, we want to help people get the medicines they need."



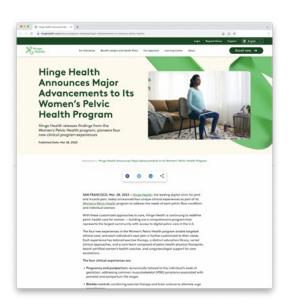


POPULATION HEALTH MANAGEMENT/PATIENT ENGAGEMENT SOLUTIONS

CEO: DANIEL PEREZ

HEADQUARTERS: SAN FRANCISCO, CALIFORNIA

FOUNDED: 2014 HINGE HEALTH



WHAT'S THE SCOOP:

Hinge Health expanded its sights for treating musculoskeletal conditions (MSK) by targeting women's pelvic health disorders that are often overlooked and underserved within the healthcare industry and by employee benefit plans. According to UCLA, one-in-four women experience pelvic floor disorders but do little about it, often waiting an average of more than six-and-a-half years before seeking care. On top of that, treating pelvic floor disorders like chronic pelvic pain, prolapse and stress incontinence is expensive. Typical costs of treating these disorders for employers' ranges between \$1,249 to \$3,384 per patient a year compared to Hinge Health's program that costs less than \$1,000 for employers and has no out of pocket costs for members. "It's a significant issue for millions of women," said Inessa Lurye, senior director of product and head of women's health at Hinge Health. Since launching the program, more than 15,000 have signed up. Participants who spent 12 weeks in the program reported a 63 percent decrease in pain and a 57 percent reduction of symptoms. Additionally, they reported reduced levels of depression, anxiety and lost productivity. "Now women can get access to this care," Lurye said. "What we've seen from those women who have participated has been results that are tremendous—it's changed their lives."



The boldness of the company's offerings. "We have a robust scale of advanced technology and the results to back what we do," Lurye said. "We fiercely deliver our services to help women reach their healthcare goals."

WHAT TO LOOK FOR:

For women's health, the company is working on expanding its personalized pathways for different stages of a woman's life by introducing new hardware and software products. Additionally, Hinge Health is working on back, neck and pelvic pain problems. Lurye also said Hinge Health is looking to help older adults with fall prevention and improving their balance. "Overall, we want to prevent surgery and improve the quality of life for all our members," she said.



ico**metrix**

icometrix healthcare platform for neurological diseases management icometrix

CLINICAL INFORMATION MANAGEMENT



RazorMetrics

RŌNIN

Ronin ePRO+ Patient App Project Ronin

DATA ANALYTICS/BUSINESS INTELLIGENCE



GeneDx



Penn AlnSights

Penn Medicine - University of Pennsylvania Health System



PhenOM OM1



RethinkFirst

DIGITAL/MOBILE HEALTH SOLUTIONS



BioMech



Nectar Allergy Care **Nectar Life Sciences**



TBD Health



FINANCIAL/OPERATIONAL SOLUTIONS



CertifyOS



Edifecs automated prior authorization solution Edifecs



RE Assist Real Endpoints

POPULATION HEALTH MANAGEMENT/PATIENT ENGAGEMENT SOLUTIONS



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