Stellar Health Platform 2022

Improved Value-Based Care through Prompts & Timely Incentives

stellarhealth

Stellar Health Platform:
Improved Value-Based Care through Prompts & Timely Incentives

Why This Spotlight?

Disbursing payments to physicians participating in value-based care (VBC) contracts has always been tricky since payments are often delayed by several months. Stellar Health helps maximize results in VBC contracts by incentivizing physicians via quick payments for desired value-based actions and behaviors. This report seeks to validate the experiences of healthcare organizations that use the Stellar Health Platform.

What Does Stellar Health Platform Do?
(A Customer Explains)

"The Stellar Health Platform is a point-of-care system that enables providers and office staff to see and close gaps in care. People can get rewarded for closing the gaps. We see the platform as something that connects payers and providers to facilitate incentives." —Executive

Bottom Line

Stellar Health's prompts and real-time payments can help mitigate the incentive gaps between payers and providers that hamstring VBC. All interviewed customers would recommend the platform. They cite the need for more integration (e.g., EMR) and product functionality but largely feel the platform is customizable and Stellar Health listens and is responsive. Several say superusers are key to success with the platform, and one respondent noted positive correlations between frontline staff engagement and their incentive payment percentage.

Key Competitors (as reported by Stellar Health)

None (complementary to Arcadia.io, Epic, Innovaccer, Lightbeam Health Solutions)

Top Reasons Selected

Real-time payment of value-based care incentives, ease of use, value-based care expertise, customizability
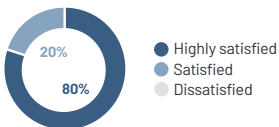
Number of Customers Interviewed by KLAS

5 individuals from 4 unique organizations (out of 6 unique organizations provided to KLAS, which are 24% of Stellar Health's eligible unique customer organizations that are live)

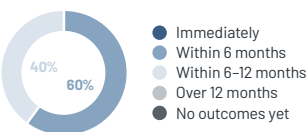### Survey Respondents—by Organization Type (n=4)

Payers Clinics Academic health systems

50%	25%	25%

0%   100%
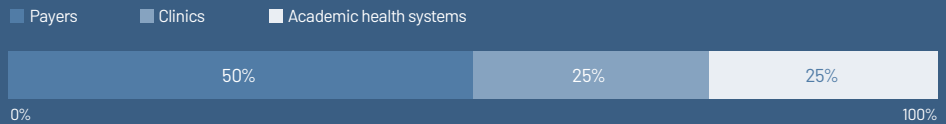
Stellar Health Platform
Customer Experience: An Initial Look

Overall Customer Satisfaction (n=5)

- 20%
- 80%

● Highly satisfied
● Satisfied
○ Dissatisfied

Time to See Outcomes (n=5)

- 40%
- 60%

● Immediately
● Within 6 months
○ Within 6–12 months
○ Over 12 months
● No outcomes yet

Outcomes Expected by Customers

✓ Achieved	✕ Not achieved
⧗ Pending	★ Unexpected outcome

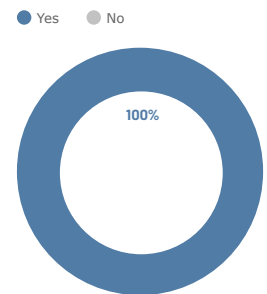|	
Improved staff engagement in value-based care	✓
Real-time payments of value-based care incentives	✓
Higher preventive care rates	✓

Key Performance Indicators (1–9 scale)

Key performance metrics (1–9 scale)

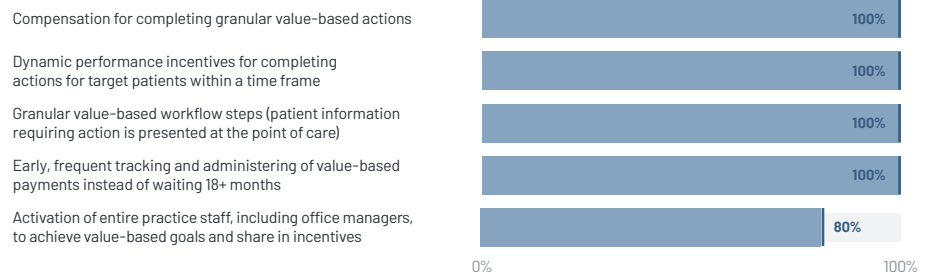■ Very satisfied 8.0+ ■ Satisfied 7.0–7.9 ■ Dissatisfied 6.0–6.9 ■ Very dissatisfied <6.0

Supports integration goals (n=4)	75%	25%
Product has needed functionality (n=5)	60%	40%
Executive involvement (n=5)	100%	
Ease of use (n=5)	100%	
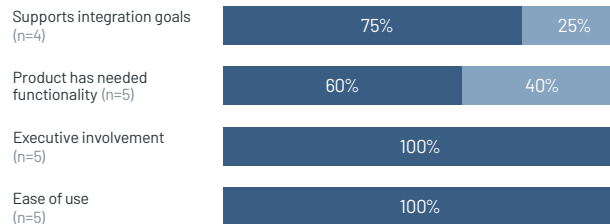
Would you buy again? (n=5)

● Yes ○ No

100%

Adoption of Key Functionality

Percentage of interviewed customers using functionality (n=5)

Compensation for completing granular value-based actions	100%
Dynamic performance incentives for completing actions for target patients within a time frame	100%
Granular value-based workflow steps (patient information requiring action is presented at the point of care)	100%
Early, frequent tracking and administering of value-based payments instead of waiting 18+ months	100%
Activation of entire practice staff, including office managers, to achieve value-based goals and share in incentives	80%

0%   100%

Strengths

> **Highly engaged, proactive support**
>
> *"Stellar Health is extraordinarily engaged. A lot of vendors just implement and say good luck, but Stellar Health continually provides data to propose concepts to increase engagement, drive new initiatives, and help us broaden our opportunities. Stellar Health is continually engaged with the providers. Stellar Health's service is available at all times."* —Director

> **Strong commitment to listen and develop the product according to customers' needs**
>
> *"The vendor was very willing to further develop the system and develop new features for our group. That was a really nice extra benefit. Stellar Health didn't just give us the software to use as is; they also helped us address other needs."* —Executive

> **Lack of nickel-and-diming**
>
> *"Obviously, Stellar Health needs to make money, but I don't feel like they are gouging us for every little customization or anything like that. They are very willing to customize reports and make changes. They are definitely not nickel-and-diming us."* —Executive

Opportunities

> **Integration with EMRs and other systems**
>
> *"EMR integration might be an area of improvement. Integration with the rest of the downstream network, such as integration with nursing homes and homecare agencies, is where our score for the functionality meeting our needs goes down."* —Executive

> **Improved promotion of proper care settings**
>
> *"The tool is very much focused on capturing diagnoses and closing gaps in care. That is fine, but utilization is more than just those things. The third component of value-based care is figuring out the proper care setting for something. For example, figuring out how to promote urgent care versus ER."* —Director

KLAS' Points to Ponder

The Positives: Stellar Health provides an innovative solution to support payer and provider organizations in their transition to higher levels of VBC. Improving the efficiency of physicians' VBC payments will help improve physician adoption of and compliance with VBC programs. The ability to identify care gaps, close those gaps, and have doctors paid significantly quicker improves outcomes, VBC performance, and staff engagement. Ease of implementation and achievement of expected outcomes improve the ROI for this solution.

Organizations should consider the following:

Mike Davis
HCIT market research
and analysis expert
with 40+ years of experience

The Solution's Long-Term Viability in Healthcare

Healthcare reimbursement is slowly but surely advancing toward higher levels of VBC reimbursement for all healthcare payers and providers. A large part of the problem is the delay in paying incentives, so solutions that improve the efficiency of contract payments for physicians and support expected cash flows will be well received by the market. To improve long-term viability, Stellar Health needs to also help customers identify the care modality best suited for closing care gaps. A recent $62 million Series B investment by General Atlantic improves near-term viability.

Impacts and Trade-Offs of the Underlying Technology

Stellar Health has developed their solution on standard technologies that support product extension, security, and stability. On top of their payment incentive system, adding an AI capability to evaluate care gaps and outcomes and identify the best care modalities that deliver low costs, expected outcomes, and high quality would help differentiate Stellar Health's product while improving its value to both payer and provider organizations. EMR integration and the ability to share data with other care modalities need to be implemented to optimize VBC reimbursements. Currently, data analytics are basic, but captured data will improve enterprise analytics.

Enterprise Data Interoperability: The Keystone for VBC

VBC is based on a foundation of being able to monitor and manage patient health across all care modalities while lowering costs and improving care outcomes and quality. Data created from all patient interventions needs to be captured and normalized to support real-time clinical decisions, manage evidence-based medicine protocols, and support accurate billing and enterprise analytics. Data from niche products such as the Stellar Health Platform must be tightly coupled with EMR, PHM, RCM, and BI platforms to drive optimum value and the expected ROI.

Superusers the Catalyst for Successful IT Implementations and Adoption

Superusers are likely to be the most proficient users of an IT solution, and they may also be some of its best educators and promotors. In many cases, superusers are the go-to people for peers who need assistance or suggestions on how to better use a solution. Epic has a Physician Builder program that not only creates superusers but also provides a title that easily identifies superusers to other physicians. Organizations should establish and manage a superuser program as part of their IT governance and HR functions.

Stellar Health: Company Profile at a Glance

Founders
Ari Brenner, Octavian Costache, Ben Kraus, and Michael Meng

Year founded
2018

Headquarters
New York City, NY

Number of customers (not unique customer organizations)
70 live (25 unique organizations), 10 under contract

Number of employees
120

Funding
Seed: $4.9M (2019); Series A: $10.2M (2020); Series B: $62M (2021)

Revenue model
Providers—free; risk-bearing entities—fee for technology, services, and performance

Target customer
Large health systems; payers; ACOs; independent physician associations; large, small, and solo-physician primary care practices

Healthcare Executive Interview

Michael Meng,
CEO

How would your customers describe your solution?
The Stellar Health Platform is a workflow tool that helps practices close quality and care gaps at the point of care and pays providers monthly for completing value-based actions. The Stellar Health application is easy to use and gets practices paid in real time from health plans for value-based activities.

Why was your company started?
Before Stellar Health, I spent 10 years in private equity/venture capital investing in healthcare companies. Being so close to these companies and simultaneously watching US healthcare costs balloon out of control, I realized I wasn't doing enough to change the industry. From this, the idea of value-based care through achieving better health outcomes to reduce costs for patients led to Stellar Health. Value-based care is the only way to make healthcare costs and outcomes sustainable for all Americans. One of value-based care adoption's biggest obstacles is that frontline employees are not incentivized or rewarded for value-based care work in tangible, easy-to-understand ways. Great outcomes happened after we pinpointed that and fixed it with technology.

What is your company's biggest differentiator?
Stellar Health activates value-based metrics at the point of care and rewards providers and their full care team in real time for completing activities. The Stellar Health application is unique because it provides real-time action prompts with granular financial incentives to providers at the point of care. Stellar Health's up-front incentive payments build trust and behaviors that keep providers and their practices engaged. Stellar Health activates providers in value-based care in a way that improves patient health outcomes, lowers costs, and bridges that incentive gap between payers and providers.

Is your solution integrated into a core system (such as the EMR) or can it stand alone?
The Stellar Health application can stand alone. Our model is designed to disrupt the current fee-for-service model, so we are not necessarily trying to integrate into existing workflows, but to do that, we meet providers where they are today. We start with incremental behavior changes that evolve workflows to focus on value-based care.

Solution Technical Specifications (provided by Stellar Health)

Cloud environment
Aptible (Docker-based platform-as-a-service, AWS deployment)

Development platform
Python (programming language), Django (web framework)

Database environment
PostgreSQL

Mobile application environment
N/A

Security platform
HITRUST certified (NIST framework)

Confidentiality
HIPAA compliant, business associate agreements

Data encryption
NIST SP 800-52 Rev. 2, NIST FIPS 140-2

Integration approach
Custom integrations

HITRUST certification
Yes

AI
No

Report Information

Reader Responsibility

KLAS data and reports are a compilation of research gathered from websites, healthcare industry reports, interviews with healthcare, payer, and employer organization executives and managers, and interviews with vendor and consultant organizations. Data gathered from these sources includes strong opinions (which should not be interpreted as actual facts) reflecting the emotion of exceptional success and, at times, failure. The information is intended solely as a catalyst for a more meaningful and effective investigation on your organization's part and is not intended, nor should it be used, to replace your organization's due diligence.

KLAS data and reports represent the combined candid opinions of actual people from healthcare, payer, and employer organizations regarding how their vendors, products, and/or services perform against their organization's objectives and expectations. The findings presented are not meant to be conclusive data for an entire client base. Significant variables—including a respondent's role within their organization as well as the organization's type (rural, teaching, specialty, etc.), size, objectives, depth/breadth of software use, software version, and system infrastructure/network—impact opinions and preclude an exact apples-to-apples comparison or a finely tuned statistical analysis.

KLAS makes significant effort to identify all organizations within a vendor's customer base so that KLAS scores are based on a representative random sample. However, since not all vendors share complete customer lists and some customers decline to participate, KLAS cannot claim a random representative sample for each solution. Therefore, while KLAS scores should be interpreted as KLAS's best effort to quantify the customer experience for each solution measured, they may contain both quantifiable and unidentifiable variation.

We encourage our clients, friends, and partners using KLAS research data to take into account these variables as they include KLAS data with their own due diligence. For frequently asked questions about KLAS methodology, please refer to klasresearch.com/faq.
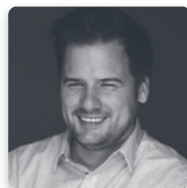
Note

Performance scores may change significantly when additional organizations are interviewed, especially when the existing sample size is limited, as in an emerging market with a small number of live clients.

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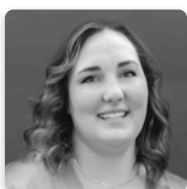
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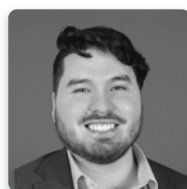
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Our Mission
Improving the world's healthcare through collaboration, insights, and transparency.

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